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[NEED FOR HUMAN SERVICES IN ILLINOIS]

SOCIAL IMPACT RESEARCH CENTER

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Executive Summary

This report aims to support the Illinois Human Services Commission in its effort to fulfill its charge to "undertake a systematic review of human services programs with the goal of ensuring their consistent delivery in the State of Illinois" and to "make recommendations for achieving a system that will provide for the efficient and effective delivery of high quality human service"[1] by outlining basic population and demographic trends that impact human services and by diving deeper into seven human services categories to identify who is in need of services and how current realities and trends may impact the level and type of need going forward. The seven categories of human services were chosen based on their diversity, vulnerability in the state budget, and their potential to be impacted by emerging and likely trends. The seven categories are:

- Community-based mental health services
- Disability services
- Employment services
- Housing and homeless services
- Senior services
- Substance use disorder services
- Youth services

More than simply a compendium of data on need, this report demonstrates how relatively simple data can inform program and policy decisions, which are far too often made in information voids. With Illinois human services plagued by increasingly scarce resources, cutbacks in services, and program closures in the last few years, such data-driven decision making is more critical than ever. To that end, the report concludes with a detailed account of how all need estimates in the report were developed and practical recommendations for how the state can incorporate this type of analysis into regular planning.

Each of the seven sections on human services categories covered in this report was crafted based on the following assumptions:

1. **Need should be broadly defined and not tied to program eligibility.** This report is an exercise in what can be done for high-level planning. It seeks to identify the total universe of people who could need and benefit from services in a given subcategory so that long-range planning can focus on developing an adequate and sustainable system. As such, it would be a disservice to that goal to parse out need by program eligibility, especially since so often eligibility criteria is used as a means to parse out limited resources. However, as these data include rationale for inclusion of specific groups in need, it may be used to help inform eligibility criteria in the future.
2. **Most estimates of need should have an added filter of low income.** While specific levels of income vary, most human services are geared toward Illinoisans who cannot afford or would not otherwise receive services in other ways. Unless there was sufficient reason not to, we filtered need estimates to include only those individuals below 200 percent of the federal poverty threshold (200% FPL)[2] (Table ES1). The federal poverty threshold is an outdated measure of a family's ability

Table ES1. 200 Percent of the Federal Poverty Threshold by Family Size, 2010

Family Size	200% FPL
1	$22,278
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to make ends meet, and most experts agree that it takes two to three times the poverty line to truly get by without assistance. It may very well be, then, that estimates in this report, based at twice the poverty line, are rather conservative measures of need.

3. **Categories of need for any given human service category and need across the human services subcategories need not be mutually exclusive.** People's lives and realities are multi-faceted and complex, and needs do not exist in isolation from each other. Additionally, certain subsets of the total population in need for any given category of human service may require unique considerations when it comes to services, and so it makes sense to quantify these subgroups of the larger whole to understand the dimensions of need.
4. **Detailed explanations of services have been covered in other reports.** Prior Commission reports have detailed Illinois' human services with explanations of funding mechanisms, target populations, eligibility, and other information important to understanding the scope of human services in the state. This report does not spend time reiterating that information, instead summarizing key pieces where it is important for immediate understanding.
5. **Derived estimates fill the gap.** The most reliable estimates of need are, of course, those that have been collected through a census or systematically collected through a nationally representative sample. In many instances though, the issues that human services address are not things that are asked in such far-reaching surveys—mental health status, substance use, criminal histories—leading to challenges quantifying certain populations in need of services. In those instances where direct estimates are not available, we use the best and most current information possible to calculate an estimate.

This exercise in estimating need is of critical importance as the state considers how to stay relevant with its human services system in light of the scale and dynamics of need and realities and trends that influence it.

General Trends

Certain trends and realities have general implications for all of the human services categories covered in this report. They include:

Population Growth: The Illinois Department of Commerce and Economic Opportunity projects a population of 15,138,849 by 2030,[3] an 18 percent increase. Even without considering any other trend, this population growth alone will bring with it an increasing need for human services in the state, yet appropriations to human services have been routinely cut over the course of the last decade.[4]

An Aging Population: Older adults (age 65 and over) currently make up close to 13 percent of the Illinois population, at 1,609,213.[5] By 2020, an expected 15 percent of Illinoisans (1,988,764) will be older adults, and a full 18 percent (2,412,177) by 2030.[6] As the numbers of older Illinoisans increase, so too will the need for community-based and other types of support.

Growth in Latino Population: The Illinois Department of Commerce and Economic Opportunity projects the Latino population will number over 2.5 million by 2030; an estimated 835,428 will be under age 20, and 299,782 will be age 65 or older.[7] However, these state-level projections have not been estimated for some years and seem dated considering the estimates projected that the 2015 Latino population would be over 2 million—the number of Latinos in Illinois already in 2010. Other national estimates suggest more substantial increases: by 2050 Latinos are projected to comprise 29 percent of the U.S. population, at which point non-Latino whites will no longer be a national majority at 47 percent.[8] The

implications for human services of a growing Latino population rest on the reality that Latinos face a host of economic, social, and cultural barriers that may make them more likely to need human services but more likely to have trouble accessing them.

Growth of the Undocumented Population: A 2009 study by the Pew Hispanic Center estimates that there are 475,000 to 575,000 immigrants without immigration documentation living in Illinois, comprising 4.2 percent of the Illinois population and 5.9 percent of the labor force.[9] Illinois has the fifth largest population of immigrants without documentation in the nation.[10] With the Latino population projected to grow significantly and the majority of people without documentation being Latino, it is likely that Illinois will experience higher numbers of undocumented immigrants in the coming years. Despite great need, people without documentation are often barred from receiving essential services or are fearful of trying to access them, which has implications for family well-being, public health, and community stability.

Growth of English Language Learners: Twenty-two percent of Illinoisans speak a language other than English, up from 19 percent in 2000.[11] Of these, 22 percent do not speak English well or at all. Among adults ages 18 to 64, 467,610 Illinoisans report speaking English "not well" or "not well at all." This amounts to 5.8 percent of the working-age population whose limited English may be a major barrier to success in the workforce. High—and presumably growing—numbers of people who do not speak English presents considerations for the delivery and access of human services.

Disparities in Educational Attainment: Thirteen percent of Illinoisans age 25 and over (1,110,491) lack a high school diploma or its equivalent.[12] Low levels of educational attainment have many implications for the state. Specific implications for human services include these considerations: life expectancy decreases with lower levels of educational attainment,[13] individuals without a high school diploma are overrepresented in jails and prisons,[14] low education is related to greater likelihood of poverty and reliance on public assistance, and dropout status is linked to poor physical and mental health.[15]

Job Loss: The unemployment rate in Illinois has risen from an annual average of 4.5 percent in 2000, to 5.1 percent in 2007 before the recession began, to 10.3 percent in 2010.[16] In September 2011, over two years since the Great Recession officially ended, the unemployment rate hovered at 10.0 percent.[17] The job outlook is bleak. The nation is currently 6.8 million jobs below where it was when the recession started, but because of population growth and jobs needed to support the expansion of the working-age population, the total jobs deficit is roughly 11.1 million jobs.[18] To fill this gap by 2014 and keep pace with growth in working population, the economy needs to add about 400,000 jobs every single month. To fill it by 2016, the economy would need to add 280,000 each month. However, on average, the economy has added only 144,000 jobs per month in the first half of 2011; at this rate, it will take about 15 years to get back to pre-recession unemployment. In short, the need for human services will not be eased any time soon by the economy. With fewer Illinoisans working and contributing income tax to state revenue, as well as decreased revenue from other sources, the budget crisis and low funding for human services are likely to persist.

Growth in Low-Wage Work: The jobs problem facing Illinois and the nation currently is not simply one of quantity; it is also about job quality. Larger structural changes have been at play in the economy for the last few decades, characterized by steep declines in higher-paying/benefit-offering blue collar jobs and increases in service jobs, many of which are low-wage and provide few if any job-related benefits. Consider the change in Illinois jobs over the last 20 years: The state has lost 390,500 goods-producing jobs since 1990 (a decrease of 33.8 percent) while gaining 713,500 service-providing jobs (an increase of 17.3 percent).[19] In nearly every year since 1990, year-to-year job loss has been greater and job growth

lower in goods-producing industries compared to service-providing industries. This shift is significant since it represents less opportunity for workers with low skills to get and keep a job that will allow them to support their families and advance their economic situation.

Growing Poverty and Low Incomes: From 1999 to 2010, the poverty rate in Illinois rose from 10.7 to 13.8 percent, a 29 percent increase.[20] In 1990 the poverty rate was 11.9 percent and in 1980 it was 11.0 percent.[21] More Illinoisans are poor now—1,731,711—than at any time in the last three decades. Nearly 18 percent of Illinoisans are now considered low income (with incomes between the poverty line and twice the poverty line), up from 14.7 percent in 1999.[22] This means that nearly a third of Illinoisans have incomes below twice the poverty line. Most experts agree that it takes an income of two to three times the poverty line to make ends meet without assistance. Without the crucial supports provided by human services, one third of the state is left struggling to meet their basic needs.

Need in Human Services Categories

Community-Based Mental Health Services

There are many reasons why people may need mental health treatment, ranging from experiencing abuse, experiencing or witnessing a violent crime, having post-traumatic stress disorder or a traumatic brain injury, and others. The potential demand for community-based mental health services in Illinois was determined not by considering why someone might need services, but rather by the severity of the mental illness. Specifically, the need for community-based mental health services was determined by:

1. *Calculating the number of individuals in selected age ranges:*[23] The age ranges of 17 and under, 18 to 54, and 55 and over were used to reflect the unique needs that age presents in mental health treatment.
2. *Adding a filter of low income, below 200 percent of the federal poverty threshold:*[24] Due to far lower rates of health insurance coverage and few mental health professionals accepting public insurance, individuals with low incomes are far less likely to be able to access private mental health care and so are more likely to rely on publicly-funded services.
3. *Multiplying the age-specific low-income populations by the appropriate prevalence rate for a serious mental illness (SMI):* [25] The U.S. Office of the Surgeon General uses federal guidelines to define SMI as any mental disorder that interferes with social functioning. Although community-based mental health services address multiple mental health issues of varying severity, SMI is the most functionally limiting and therefore the need for services is clear and immediate.

Table ES2 outlines populations in Illinois that need community-based mental health services. In total, there are 209,072 individuals of any age with a serious mental illness living below 200 percent of the poverty line in Illinois who may be in need of community-based mental health services.

Table ES2: Populations Needing Community-Based Mental Health Services

Population	Number of Individuals in Illinois in Need
Low-income youth with serious mental illness	74,532 low-income individuals ages 17 and under
Low-income adults with serious mental illness	104,029 low-income individuals ages 18 to 54
Low-income older adults with serious mental illness	30,511 low-income individuals aged 55 and over

Disability Services

The need for disability services in Illinois was determined by:

1. *Calculating the number of individuals with a disability:*[26] Disability is defined and measured by the U.S. Census Bureau's American Community Survey, which asks respondents to self-report difficulties due to the presence of a cognitive, ambulatory, independent-living, vision or hearing, or self-care difficulty due to a physical, mental, or emotional condition.
2. *Adding a filter of low income, below 200 percent of the federal poverty threshold:*[27] Disabilities are accompanied by highly elevated living costs, mainly revolving around health care, but also including physical adaptations to the home, personal care assistance, and transportation. Obviously adequate income is needed to cover these costs, but individuals with disabilities and their caregivers face many barriers to work. Those who are able to work may have little expendable income left after covering care. As a result, the population with disabilities faces a higher rate of low-income and poverty than the general population.[28]
3. *Breaking out the population by age:*[29] Type of disability often varies by age and supports needed may also differ. For instance, working-age individuals with a disability may desire supports to help them engage in the workforce, whereas older adults may need home modifications and home care that allow them to age in place longer.

Table ES3 breaks down the low-income disabled population by age group. In total, there are over 574,000 low-income Illinoisans with a disability.

Table ES3: Populations Needing Disability Services

Population	Number of Individuals in Illinois in Need
Low-income youth with disabilities	58,040 low-income individuals ages 17 and under
Low-income adults with disabilities	296,828 low-income individuals ages 18 to 64
Low-income seniors with disabilities	219,150 low-income individuals ages 65 and over

Employment Services

The need for employment services among populations with barriers to employment in both good and bad economies is determined for specific populations in two ways:

1. By calculating the number of Illinoisans in certain vulnerable groups living below 200 percent of the federal poverty threshold. Vulnerable groups included are:

    a. *Individuals with barriers to work:*[30] Barriers to work, including low educational attainment and little attachment to the labor force decrease the likelihood that an individual will be able to get and keep a job.
    b. *Unemployed youth:*[31] Youth who are not in school and not working are at risk of not transitioning effectively into the workforce at a later age.
    c. *Older adults with barriers to work:*[32] With higher rates of unemployment and lower rates of re-employment, older unemployed adults with low education levels have a particularly salient need for employment services.
    d. *Unemployed working-age individuals with disabilities:*[33] Many individuals with disabilities want to work and can work given proper training and supports.

2. *By estimating the number of individuals in Illinois who have a criminal record:*[34] No matter what the economy or other personal characteristics, individuals with a criminal record have historically faced pervasive employment discrimination.

Table ES4 identifies certain groups that could most benefit from employment supports.

Table ES4: Populations Needing Employment Services

Population	Number of individuals in Illinois in need
Low-income adults with barriers to work	118,210 individuals ages 18 to 64 with no high school diploma or GED, who are not in school, not in the labor force, and have no disability
Low-income unemployed youth	89,188 individuals ages 16 to 24 and under *39,691 are enrolled in schools* *49,497 are not enrolled in schools*
Low-income older adults with barriers to work	6,286 individuals ages 55 to 70 with no high school diploma who are unemployed
Low-income individuals with disabilities	27,208 individuals ages 18 to 64 who are unemployed
Adults who have spent time in prison	262,201 individuals ages 18 and over

Housing and Homelessness Services

Homelessness occurs due to a variety of reasons including structural issues, such as housing costs and the low-wage labor market; individual factors, such as untreated illness and domestic violence; and leaving precarious situations such as living doubled-up with other families or re-entry from an institutional setting. Housing and homeless service consumers are extremely diverse and have a vast range of needs. The need for housing and homeless services is determined in two ways:

1. *By determining the number of people counted as "officially" homeless by the federal government's definition:* [35] which means they are sleeping in a place not meant for human habitation (such as cars, parks, sidewalks, and abandoned buildings), in an emergency shelter, or in transitional housing.
2. By broadening the definition of need beyond the federal definition of homelessness to account for populations known to be particularly vulnerable to housing instability:
    a. *Doubled up:*[36] Individuals living with family or friends due to economic reasons are often living in crowded conditions and can be one step away from homelessness.
    b. *Extreme rent burdened households:*[37] Paying too much money toward housing costs leaves less money for other basic needs and leaves households one missed day of work or one emergency away from losing their housing.
    c. *Individuals who are low-income and disabled, receiving SSI:*[38] Receipt of Supplemental Security Income (SSI) indicates that an individual cannot work and is very low income. With SSI's low benefit amount, many recipients cannot afford housing in the private market.
    d. *Unaccompanied youth experiencing homelessness:*[39] Youth experiencing homelessness are defined as adolescents and children ages 21 and under who meet the federal definition of homelessness and lack guardianship or institutional care. These youth are more likely to engage in high risk behavior and be unattached to school or work.
    e. *Schoolchildren experiencing homelessness:*[40] Children experiencing homelessness experience incredible instability that leads to extremely poor academic and

developmental outcomes compared to their peers. They lack the structure and routine of having a permanent home and experience events that can be traumatic and disruptive.

Table ES5 depicts varying levels of vulnerability in terms of housing services need.

Table ES5: Populations Needing Housing and Homeless Services

Population	Number of Individuals/Households in Illinois in Need
Individuals experiencing homelessness	14,055 individuals who meet the federal definition of homeless on a given night
Doubled-up individuals	241,093 low-income individuals living with friends or family due to economic need
Extreme rent burdened households	361,964 low-income households paying over half their income on rent
Low-income and disabled individuals	184,393 individuals ages 18 and over receiving Supplemental Security Income
Unaccompanied youth experiencing homelessness	4,102 youth ages 21 and under living homeless without a parent or guardian on a given night
Schoolchildren experiencing homelessness	33,367 children age 3 through grade 12 experiencing homelessness and enrolled in schools

Senior Services

The need for senior services is determined by calculating the number of Illinoisans age 65 and over with family incomes below 200 percent of the federal poverty threshold.[41] Low-income seniors face many physical, social, mental, and economic challenges which are common to most aging individuals. However, for people with low incomes, issues associated with aging are compounded by financial issues, which often means living on a fixed income in the face of deteriorating health and heightened service needs.

Table ES6 identifies the number of low-income older adults needing senior services.

Table ES6: Population Needing Senior Services

Population	Number of Individuals in Illinois in Need
Low-income seniors	461,449 low-income individuals ages 65 and over

Substance Use Disorder Services

The need for substance use disorder services in Illinois is determined in two ways:

1. For age groups
    a. *Calculating the number of Illinoisans in each age category:*[42] Estimates are calculated for adolescents ages 12 to 17 and adults ages 18 and over. Dynamics of substance use, including substances used, life impacts, and treatment differ by age.
    b. *Adding a filter of low income, below 200 percent of the federal poverty threshold:*[43] Though substance use disorders are challenging for anyone, it can be an uneven struggle for those on unstable financial ground. Substance use disorders are prolonged by obstacles such as inability to afford treatment, uninsurance, and job loss which only exacerbates already great financial strain; for low-income individuals it may seem like

there is no way out. Additionally, low income is an important defining variable not only because individuals with low income are at greater risk for a substance use disorder,[44] but because private services are less readily affordable for this population.

   c. *Multiplying the number of people with low incomes in each age group by the appropriate prevalence rate for substance use disorders:*[45] A substance use disorder refers to Substance Abuse or Substance Dependence as outlined in the Diagnostic and Statistical Manual of Mental Disorders IV-TR. Though substance use services apply to both substance use and abuse, substance use alone is not included in this estimate of need because, while it may be illegal and/or harmful, it does not necessarily interfere with an individual's daily functioning or social and economic well-being, and therefore does not equate to great treatment need.

2. For inmates
   a. *Determining the number of inmates in Illinois prisons.*[46]
   b. *Multiplying the number of inmates by the prevalence rate for substance use disorders in prisons:*[47] Substance-involved inmates are less likely to have completed high school or be employed compared to the non-substance-involved inmate population, meaning their prospects for successful re-entry are lower.[48] Inmates who are substance-involved also have higher rates of recidivism, suggesting that this group returns to substance use and crime for lack of other opportunities.

Table ES7 outlines populations in Illinois that would benefit from substance use disorder services.

Table ES7: Populations Needing Substance Use Disorder Services

Population	Number of Individuals in Illinois in Need
Low-income adults with a substance use disorder	251,266 low-income individuals ages 18 and over with a substance use disorder
Low-income adolescents with a substance use disorder	29,719 low-income individuals ages 12 to 17 with a substance use disorder
Dually diagnosed adults with low incomes	108,044 low-income individuals ages 18 and over diagnosed with co-occurring substance use disorder and mental illness
Inmates with a substance use disorder	29,604 inmates in Illinois prisons

Youth Services

The need for youth services in Illinois was determined in a number of different ways. In each case, however, no income limits are placed on this population because all of these situations are critical developmental barriers that can have major consequences regardless of family income. All youth discussed here are considered in need of services because of the potential to influence crucial future outcomes at this stage.

1. *Disengaged youth:*[49] Youth who are not in school, are unemployed, and are not in the labor force are susceptible to negative consequences that may carry over well into adulthood.
2. *Pregnant and parenting teens:*[50] The risk factors and challenges associated with being young and pregnant or parenting warrant special attention for human services.
3. *Incarcerated youth:*[51] The vast majority of incarcerated youth will be released to the community and it is in their best interest, as well as the interest of society, to focus on reintegration and reform.

4. *Youth transitioning out of foster care:* [52] Foster care youth have a high risk of homelessness, unemployment,[53] greater health care needs, uninsurance,[54] and unintended pregnancy upon transitioning to independence.[55]

Table ES8 outlines populations in Illinois that would benefit from youth services.

Table ES8: Populations Needing Youth Services

Population	Number of Individuals in Illinois in Need
Disengaged youth	59,047 individuals ages 16 to 19 who are not in school and are unemployed or not in the labor force
Pregnant and parenting teens	30,040 ages 15 to 19 are pregnant 15,950 ages 20 or under are parenting
Incarcerated youth	1,391 individuals ages 13 to 21 in Illinois Youth Centers
Youth transitioning out of foster care	1,234 individuals who age out of the foster care system yearly

Recommendations for Data-Driven Planning for Human Services

This report represents a starting point for quantifying the need for services in Illinois and understanding trends that will likely impact Illinoisans' need for and ability to access human services. This exercise in estimating need is of critical importance as the state considers how to stay relevant with its human services system in light of the scale and dynamics of need and the realities and trends that influence it. The state should consider implementing the following recommendations:

1. Share this report with all relevant state departments to inform budget planning and eligibility criteria determinations.
2. Use this information to brief and education relevant legislative committees on need for human services.
3. Charge a department or office to head up this data-driven planning effort.
4. Update estimates of need and the general trends chapter of this report annually, well in advance of budget planning.
5. Build off these estimates of need by recreating them then changing variables or assumptions to test various scenarios.
6. Consider conducting needs analysis for other categories of human services not covered in this report.

Introduction

The charge to the Illinois Human Services Commission when it was formed in 2009 was to "undertake a systematic review of human services programs with the goal of ensuring their consistent delivery in the State of Illinois" and to "make recommendations for achieving a system that will provide for the efficient and effective delivery of high quality human services."[56]

This report aims to support the Commission in its effort to fulfill this charge by outlining basic population and demographic trends that impact human services and by diving deeper into seven human services categories to identify who is in need of services and how current realities and trends may impact the level and type of need going forward. The seven categories of human services were chosen based on their diversity, vulnerability in the state budget, and their potential to be impacted by emerging and likely trends. The seven categories are:

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The chapters of this report are starting points for quantifying the need for services in Illinois and understanding trends that will likely impact Illinoisans' need for and ability to access human services. Human Service system planners may want to build off this report's approach by quantifying need for other categories of human services not covered here. Additionally, each estimate of need in this report can be recreated using the information in the Recommendations and Methods chapter (page 66) and then modified to test various scenarios. For instance, perhaps there is need to understand a slightly larger universe of households who are extremely rent burdened; planners could take the current estimate and increase the low income cut off to 300 percent of the federal poverty line instead of 200 percent. Finally, as new data are released it will be important to update these estimates so that they reflect current realities and decision making can be based on the most sound and current data possible.

This exercise in estimating need is of critical importance as the state considers how to stay relevant with its human services system in light of the scale and dynamics of need and realities and trends that influence it.

Realities and Trends Affecting the Need for Human Services in Illinois

The following general trends and realities have implications for all of the human service categories covered in this report.

Population Growth

The total population of Illinois has grown from 12,419,293 in 2000 to 12,830,632 in 2010,[58] a 3.3 percent increase. The Illinois Department of Commerce and Economic Opportunity projects a population of 15,138,849 by 2030,[59] an 18 percent increase (Figure 1).

Figure 1. Population and Projections

Even without considering any of the trends discussed in the rest of this section, this population growth alone will bring with it an increasing need for human services in the state, yet appropriations to human services have been routinely cut over the course of the last decade.[60] The Illinois Department of Human Services suffered the largest percent of budget reduction of any state agency from the fiscal year 2011 revised budget to the fiscal year 2012 approved budget (-17.3 percent), followed by the State Board of Education (-7.9 percent), and the Department of Public Health (-4.8 percent).[61] Not only is the current budget compromising providers' ability to meet the needs of Illinoisans today,[62] as the state's population grows the demand for services will further tip the scales, with the need far outweighing Illinois' capacity meet it.

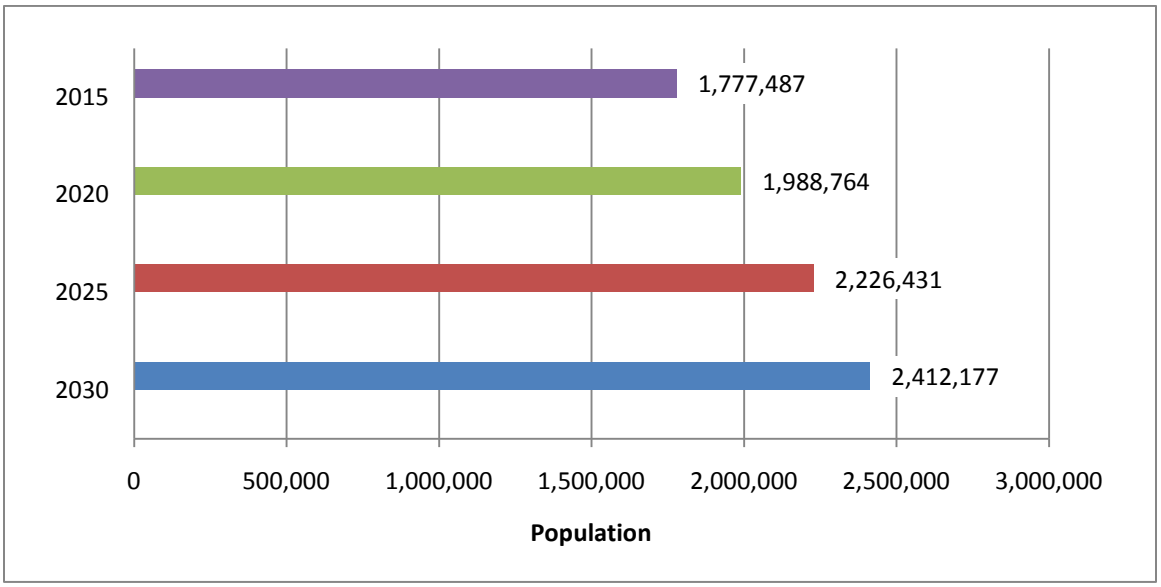
An Aging Population

The baby boomer generation is the fastest growing age cohort,[63] and an aging population represents one of the key trends with implications for human services in Illinois. Over the course of just the last decade (2000 to 2010) Illinois experienced a 15 percent growth in the 45 to 54 year old age group and 42 percent growth in the 55 to 64 year old age group.[64] Conversely, there was a 5 percent decrease among the 44 year old and under cohort in Illinois over the same timeframe. Analyses of trends by geographical area reveal that seniors and pre-seniors are primarily "aging in place," meaning that most local aging is not due to migration or immigration, but to existing populations growing older in the communities where they already live.[65] As such, many people are finding that the community and household infrastructure that supported them as young and middle-aged adults no longer supports their abilities as older adults; supports and modifications may be needed to allow them to age in their communities for as long as possible.

Older adults (age 65 and over) currently make up close to 13 percent of the Illinois population, at 1,609,213.[66] By 2020, an expected 15 percent of Illinoisans (1,988,764) will be older adults and a full 18

percent (2,412,177) by 2030 (Figure 2).[67] As the numbers of older Illinoisans increase, so will their need for support, both in their homes and in community-based care.

Figure 2. Population Projections for Illinoisans Ages 65 and Over

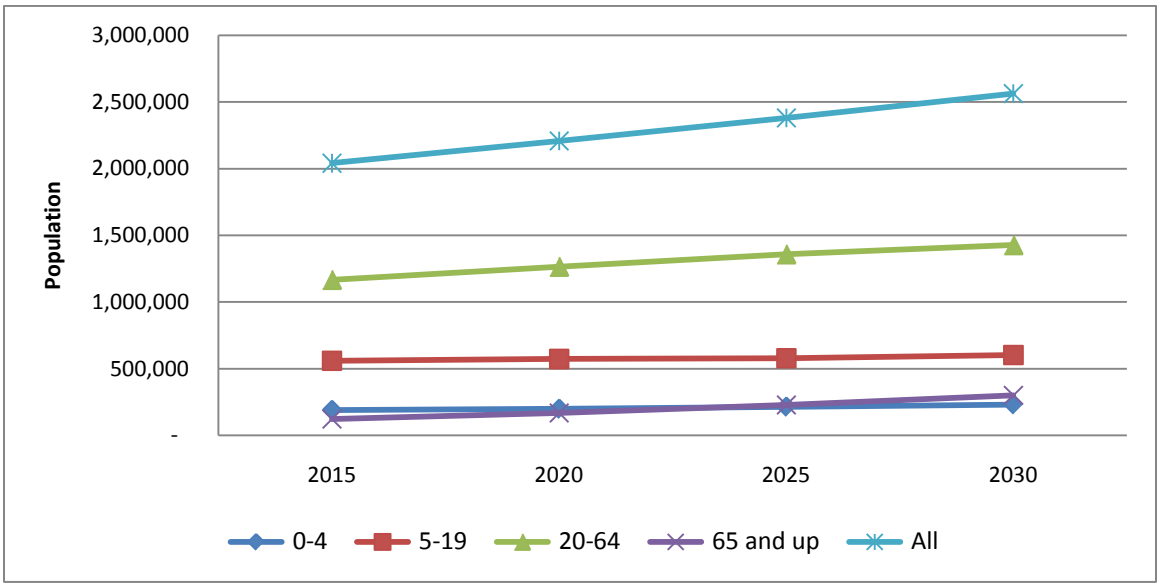


Growth in Latino Population

With a population of 2,027,578, Illinois has the highest prevalence of Latino individuals of Midwest states, and outside of southern and western states is third only to New York and New Jersey.[68] In 2010, Latinos comprised 15.8 percent of the Illinois population, up from 12.3 percent in 2000 and comparable to the 16 percent national prevalence.[69] Illinois' population overall increased by 411,339 from 2000 to 2010, and the Latino population increased by 497,316 in the same time frame, indicating that Latino population growth offset population loss in the non-Latino population.[70]

Using the 2000 Census, the Illinois Department of Commerce and Economic Opportunity projects the Latino population will number over 2.5 million by 2030; an estimated 835,428 will be under age 20, and 299,782 will be age 65 or older (Figure 3).[71] However, these state-level projections have not been estimated for some years and seem dated considering the estimates projected that the 2015 Latino population would be over 2 million—the number of Latinos in Illinois already in 2010. Other national estimates suggest more substantial increases: by 2050 Latinos are projected to comprise 29 percent of the U.S. population, at which point non-Latino whites will no longer be a national majority at 47 percent.[72]

Figure 3. Population Projections for Illinois Latinos by Age



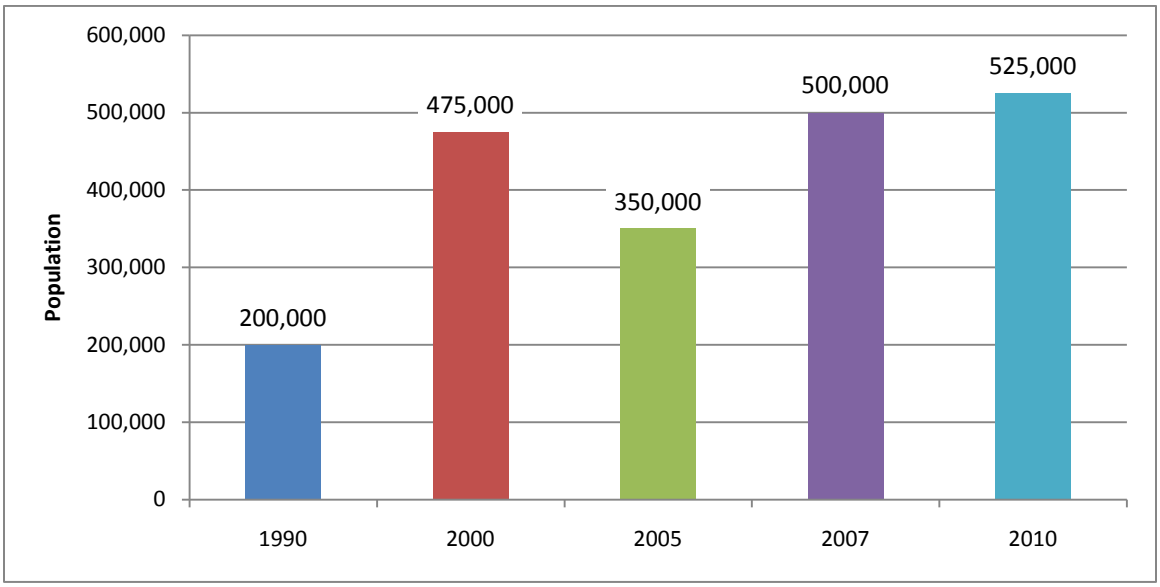
The implications for human services of a growing Latino population rest on the reality that Latinos face a host of economic, social, and cultural barriers that may make them more likely to need human services but more likely to have trouble accessing them. The median annual income of the Latino population in Illinois was $21,600 per capita in 2009, lower than both non-Latino whites ($33,000) and non-Latino blacks ($25,000).[73] One in five Latino individuals lived in poverty in 2010, and 27.8 percent had no health insurance.[74] Notably in 2010, the number of poor Latino children surpassed the number of poor white non-Latino children in Illinois (186,910 Latino children in poverty and 164,417 white non-Latino children in poverty), though the number of black children experiencing poverty is still far higher than for other race groups (215,620).[75]

Growth of the Undocumented Population

A 2009 study by the Pew Hispanic Center estimates that there are 475,000 to 575,000 immigrants without immigration documentation living in Illinois, comprising 4.2 percent of the Illinois population and 5.9 percent of the labor force.[76] Illinois has the fifth largest population of immigrants without documentation in the nation.[77]

Nationally, the population of undocumented immigrants peaked in 2007 around 12 million before declining to the 2009 estimate of 11.1 million, up from 8.4 million in 2000.[78] About 60 percent of immigrants without documentation are from Mexico with another 20 percent from other Latin American nations. It is likely this recent decline is largely due to lower annual inward flow from Mexico. The number of immigrants without documentation from regions other than Latin America has remained fairly stable hovering between 1.9 to 2.3 million since 2000.[79] However, in Illinois, the number of Latino immigrants without documentation has continued to rise throughout this national decline (Figure 4).[80]

Figure 4. Estimated Illinois Population of Undocumented Immigrants



Forty-seven percent of undocumented immigrants lack a high school diploma or equivalent.[81] The type of work that immigrants take in the United States shows the affects of low-educational attainment combined with their unequal social rank: the top five industries with high proportions of undocumented workers are farming (25 percent of workers in the farming industry are undocumented); building, grounds keeping, and maintenance (19 percent); construction (17 percent); food preparation and serving (12 percent); and production (10 percent).[82] While these are not typically highly respected or well-paying jobs, the functioning of society is heavily reliant upon them. Undocumented immigrants also contribute substantially to Illinois' economy; in 2010 alone Illinoisans without documentation contributed just short of $500 million in personal income tax, property tax, and sales tax to the state, much of which they will never see returns on.[83]

With Latino growth projected to grow significantly and the majority of people without documentation being Latino, it is likely that Illinois will experience higher numbers of undocumented immigrants in the coming years. Nationally, 21 percent of adults without documentation live in poverty as do 32 percent of their children, and a full 59 percent of adults without documentation lacked health insurance for the entirety of 2007.[84] Despite great need, people without documentation are often barred from receiving essential services or are fearful of trying to access them, which has implications for family well-being, public health, and community stability.

Growth of English Language Learners

Twenty-two percent of Illinoisans speak a language other than English, up from 19 percent in 2000.[85] Of these, 22 percent do not speak English well or at all. Among adults ages 18 to 64, 467,610 Illinoisans report speaking English "not well" or "not well at all." This amounts to 5.8 percent of the working-age population whose limited English may be a major barrier to success in the workforce. Employment rates in Illinois are similar among English-speaking individuals and those who do not speak English well or at all (89.7 and 87.6 percent, respectively),[86] and as such do not fully explain the challenges to workforce success for non-English-proficient individuals. This is better reflected by the labor force participation rate: 26.8 percent of this population does not participate in the labor force, compared to 21.1 percent of the English-speaking population.[87]

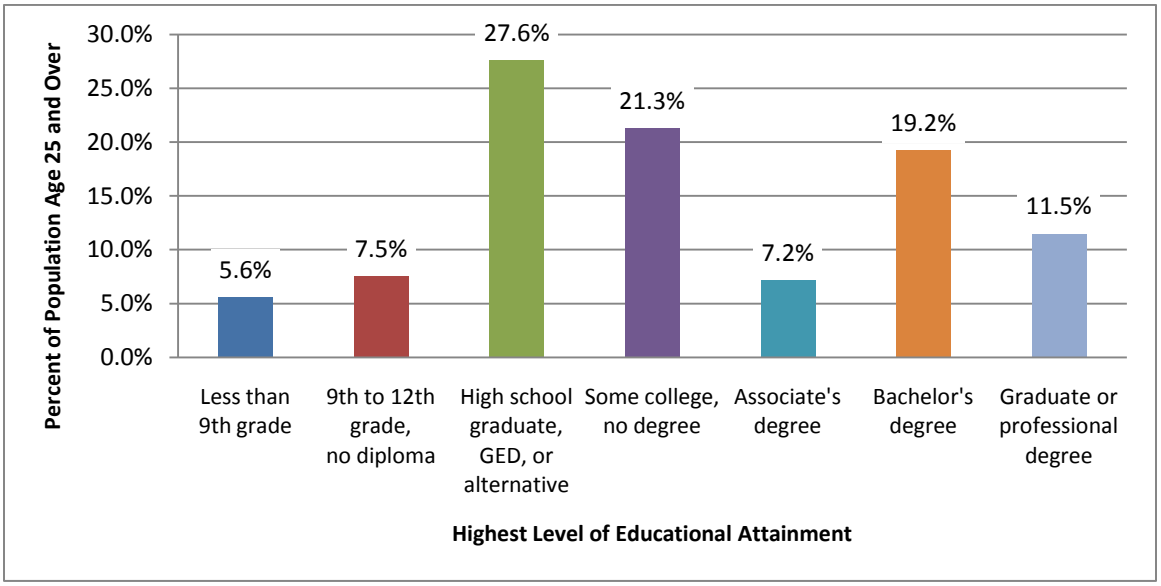
Nationally the rate of English Language Learners (ELLs) enrolled in public schools increased by 51 percent from the 1998-1999 school year to the 2008-2009 school year; Illinois has the fifth highest number of ELLs nationwide,[88] and in 08-09 ELLs made up more than 10 percent of the state's public school population.[89] The achievement gap for these students is great; academic performance, standardized test results, and graduation rates are all lower than their native-born, English-proficient peers.[90] Not only does this have detrimental implications for their futures, it affects the educational attainment of the state's future workforce and subsequently the state's economic competitiveness.

High—and presumably growing—numbers of people who do not speak English presents considerations for the delivery and access of human services. It also demonstrates a need for English as a Second Language programs in schools and for adult learners.

Disparities in Educational Attainment

Thirteen percent of Illinoisans age 25 and over (1,110,491) lack a high school diploma or its equivalent (Figure 5).[91] The disparities between individuals with and without a high school diploma are great. Working-age adults who have less than a high school diploma are almost four times more likely to be unemployed than workers with a bachelor's degree (19.9 percent and 5.4 percent unemployment rates, respectively),[92] and those who are employed are at the low end of a widening earnings gap: the median income for a worker without a high school diploma in Illinois is $20,413. A high school graduate can expect to earn $6,447 more than that annually, and an individual with a bachelor's degree could expect to earn $29,065 more annually.[93]

Figure 5. Educational Attainment of Illinoisans Ages 25 and Over



Furthermore, earnings for workers with low levels of education have steadily eroded over the course of the last few decades. In recent years, workers without a high school degree earn 27.5 percent less and workers with just a high school degree earn 12.1 percent less than their counterparts did in 1980.[94]

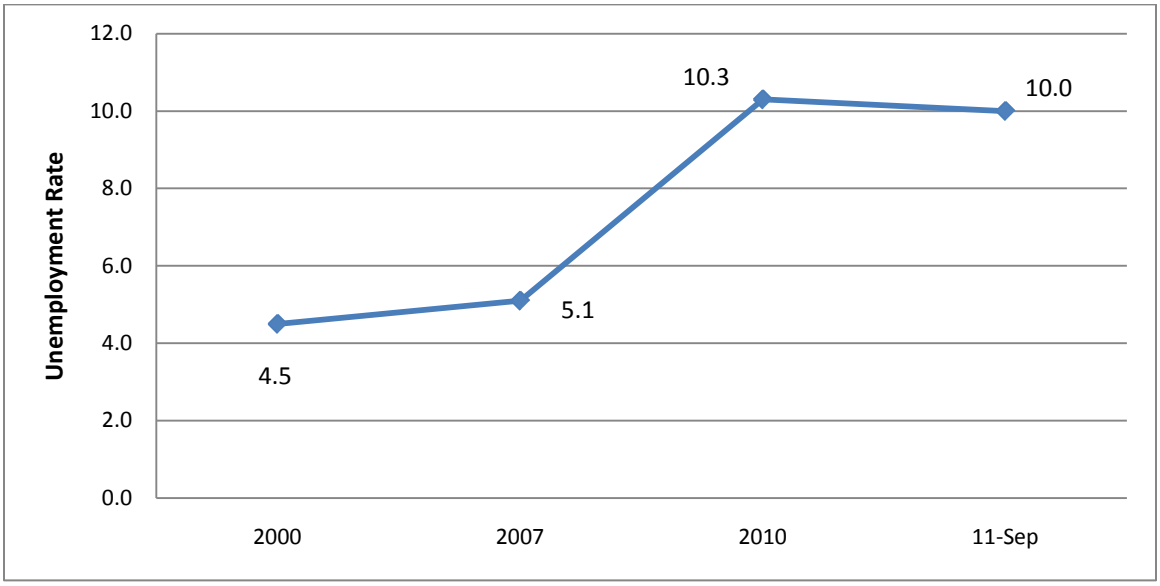
Low levels of educational attainment have many implications for the state. Specific implications for human services include these considerations: life expectancy decreases with lower levels of educational attainment,[95] individuals without a high school diploma are overrepresented in jails and prisons,[96] low

education is related to greater likelihood of poverty and reliance on public assistance, and dropout status is linked to poor physical and mental health.[97]

Job Loss

In September 2011, 6,619,866 Illinoisans were participating in the labor force (employed or unemployed and actively looking for work).[98] The unemployment rate in Illinois has risen from an annual average of 4.5 percent in 2000, to 5.1 percent in 2007 before the recession began, to 10.3 percent in 2010. In September 2011, over two years since the Great Recession officially ended, the unemployment rate hovered at 10.0 percent (Figure 6).[99]

Figure 6. Illinois Unemployment



Across all industries and for people of all skill levels, the number of jobs is insufficient. Nationwide, there has been one job available for every four or more workers over the last two-and-a-half years.[100] However, unemployment is far higher for Illinoisans with low incomes than for those with higher income. Consider, for example, that workers in the lowest income group in Illinois had a 1930's-like unemployment rate of 25.1 percent in the second quarter of 2011 while workers from higher income groups had an unemployment rate of 7.3 percent.[101]

While unemployment insurance provides a critical safety net for families hit by job loss, the reality is that nationally two thirds of unemployed families with children do not receive unemployment insurance benefits.[102] In place of this vital support, other systems have been pressed to respond: since the recession began in December 2007, the Supplemental Nutrition Assistance Program receipt has increased 47 percent and TANF receipt increased by 60 percent (though is still serving only half of the families it did in 2000) in Illinois.[103]

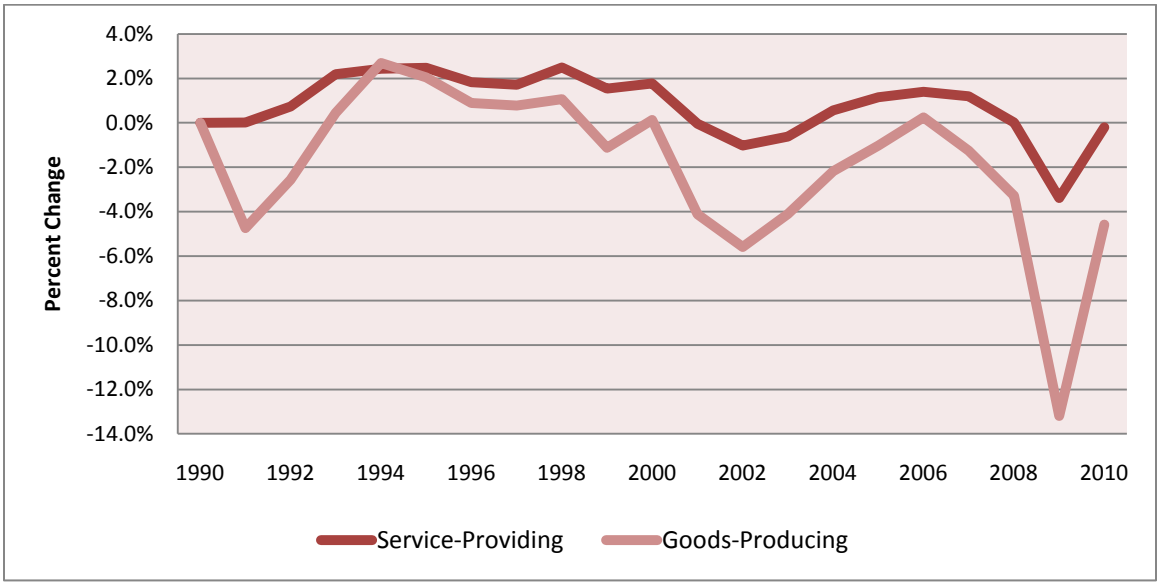
The job outlook is bleak. The nation is currently 6.8 million jobs below where it was when the recession started, but because of population growth and jobs needed to support the expansion of the working-age population, the total jobs deficit is roughly 11.1 million jobs.[104] To fill this gap by 2014 and keep pace with growth in working population, the economy needs to add about 400,000 jobs every single month. To fill it by 2016, the economy would need to add 280,000 each month. However, on average, the economy has added only 144,000 jobs per month in the first half of 2011; at this rate, it will take about

15 years to get back to pre-recession unemployment. In short, the need for human services will not be eased any time soon by the economy. With fewer Illinoisans working and contributing income tax to state revenue, as well as decreased revenue from other sources, the budget crisis and low funding for human services are likely to persist.

Growth in Low-Wage Work

The jobs problem facing Illinois and the nation currently is not simply one of quantity; it is also about job quality. Larger structural changes have been at play in the economy for the last few decades, characterized by steep declines in higher-paying/benefit-offering blue collar jobs and increases in service jobs, many of which are low-wage and provide few if any job-related benefits. Consider the change in Illinois jobs over the last 20 years: The state has lost 390,500 goods-producing jobs since 1990 (a decrease of 33.8 percent) while gaining 713,500 service-providing jobs (an increase of 17.3 percent).[105] In nearly every year since 1990, year-to-year job loss has been greater and job growth lower in goods-producing industries compared to service-providing industries (Figure 7). This shift is significant since it represents less opportunity for workers with low skills to get and keep a job that will allow them to support their families and advance their economic situation.

Figure 7. Year-to-Year Percent Change in Illinois Employment



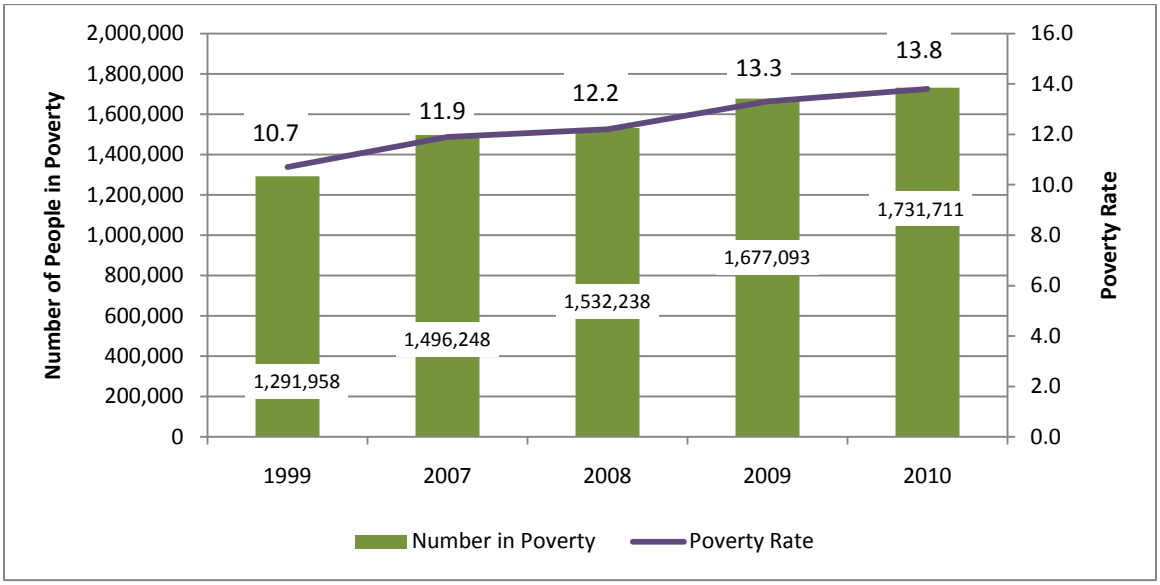
In Illinois, the industries with the highest rates of projected job creation (from 2008 to 2018) are either highly skilled (such as management and technical services with a projected growth rate of 3.5 percent), or low-wage paying (such as child care services with a projected growth rate of 3.8 percent).[106] For lower-skilled workers this translates into the available jobs either being out of reach, or providing insufficient income to make ends meet. In 2010, over 95,000 workers in Illinois who worked full-time, year-round *still* fell below the poverty line,[107] illustrating that although job growth in the wake of the recession will help decrease the unemployment rate in Illinois, it may do little to ease the hardship experienced by families at the lowest end of the economic ladder and their need for human services support to make ends meet and increase skills.

Growing Poverty and Low Incomes

Illinois' poverty rate has increased over the course of the Great Recession from 11.9 percent in 2007 to 13.8 percent in 2010,[108] which can be more or less explained by job loss and earnings declines. However, prior to the recession Illinois' poverty rate had been increasing over the longer term due to the growth in low wage work and other factors such as having a disability, experiencing discrimination, being born into a high-poverty neighborhood, as well as other social and structural factors.

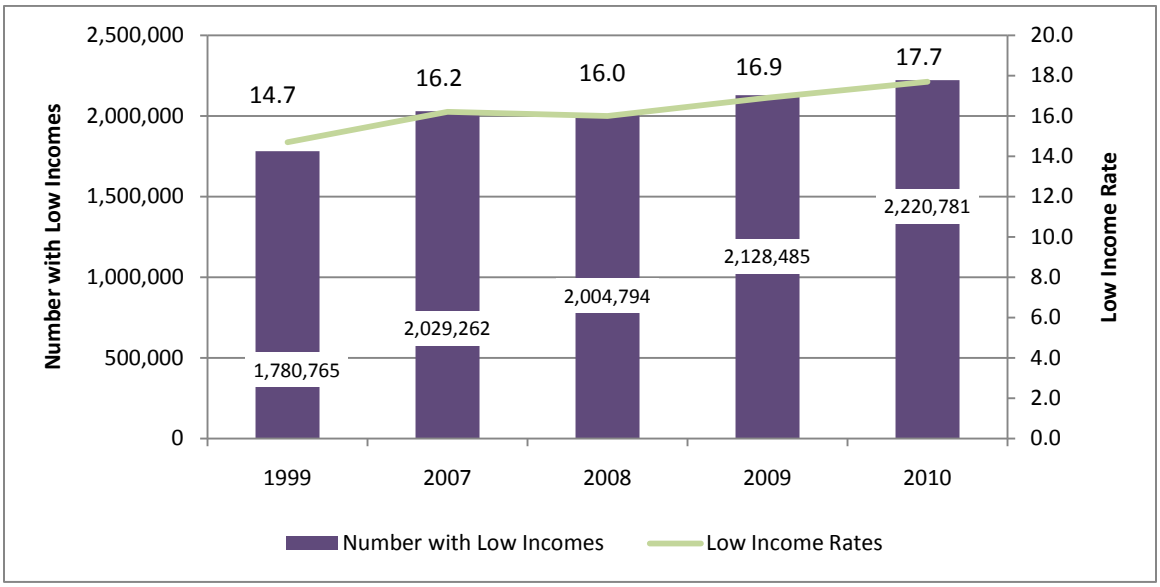
From 1999 to 2010, the poverty rate in Illinois rose from 10.7 to 13.8 percent, a 29 percent increase (Figure 8).[109] In 1990 the poverty rate was 11.9 percent and in 1980 it was 11.0 percent.[110] More Illinoisans are poor now—1,731,711—than at any time in the last three decades. Currently poverty rates in Illinois are highest among African Americans (30.0 percent), Latinos (20.2 percent), and children (19.4 percent).[111]

Figure 8. Poverty (0-99% FPL) in Illinois



Nearly 18 percent of Illinoisans are now considered low income (with incomes between the poverty line and twice the poverty line), up from 14.7 percent in 1999 (Figure 9).[112] This means that nearly a third of Illinoisans have incomes below twice the poverty line. Most experts agree that it takes an income of two to three times the poverty line to make ends meet without assistance. Without the crucial supports provided by human services, one third of the state is left struggling to meet their basic needs.

Figure 9. Low Incomes (100-199% FPL) in Illinois



Summary

If not considered in human services planning, these trends could have serious implications for the state. Population shifts that result in greater numbers and shares of vulnerable populations; job loss, an anemic recovery, and long-term economic shifts; and growth in poverty and low incomes carry a variety of social consequences and economic implications:

- Compared to non-poor children, children in poor families are 9.9 times more likely to experience hunger at least once in the past year, 3.5 times more likely to have led poisoning, 2.2 times more likely to drop out of high school, 2.0 times more likely to have repeated a grade, 2.0 times more likely to have been expelled or suspended, 2.0 times more likely to have stunted growth, and 1.8 times as likely to be in poor health.[113]
- As family income declines, developmental and linguistic delays increase,[114] math and reading achievement declines,[115] cognitive ability declines,[116] composite SAT and ACT scores decline,[117] high school dropout rates increase.[118]
- People who are poor tend to have lower life expectancies,[119] have higher rates of chronic illness, disease, and disability,[120] and have fair or poor health that limits daily activities.[121]
- Child poverty costs the U.S. economy a minimum of $500 billion per year—the equivalent of nearly 4 percent GDP—when considering lost earnings potential, crime, and health care costs.[122]
- The costs of low educational attainment come primarily from lost productivity and earnings potential. Someone with less than a high school diploma has median annual earnings 2.4 times lower than someone with a bachelor's degree ($20,413 compared to $49,478), which translates into billions of dollars in lost purchasing power and taxable income.[123]
- The cost of retaining students who do not meet standards for moving on to the next grade costs an estimated $18 billion annually.[124]
- The potential economic value to be gained in better health outcomes if all Americans had health coverage is estimated to be between $65 and $130 billion each year.[125]

The trends highlighted in this chapter point to rising changes that will likely affect all categories of human services. The following chapters of this report delve more deeply into need specific to particular types of human service in Illinois.

Community-Based Mental Health Services

Importance of Community Mental Health Services

In the last 30 years, mental health service delivery has transformed from institutional care settings to a community-based model. Not only do community-based agencies provide core mental health services such as counseling, individual and group therapy, and medication, they also offer support with employment, housing, education, relationships, and finances.

Communities thrive, socially and economically, with healthy, involved citizens. In order to ensure this outcome, communities must invest in quality mental health care access for every individual who needs it. The benefits of this approach, as well as the costly effects of neglecting mental health care, have been widely proven:

- The estimated annual indirect cost of mental illness nationally is over $97 billion. About $77.5 million is the result of lost productivity due to mental illness.[126]
- Individuals with mental illness are 4 to 6 times more likely to be incarcerated, a costly use of tax dollars.[127]
- Individuals with mental illness are more likely to experience a crisis that causes them to utilize emergency hospital services, which nationally can cost up to $37,000 per person per year *more* than community-based services.[128]
- In a study for homeless adults diagnosed with both mental illness and a substance use disorder, researchers found around a 39 percent annual cost savings in hospital and outpatient care, substance use services, incarceration, and mental health service use for individual clients during the first year, which is typically the most expensive treatment period, compared to the year prior to program implementation.[129]
- An analysis of several nationwide systems of care, which are programs developed and overseen by the Substance Abuse and Mental Health Service Administration designed to address youth mental health through integration of community resources and family involvement, found that school absences decreased by 20 percent, expulsions and suspensions decreased by 44 percent, and 31 percent of youth improved their school grades six months after receiving treatment.[130]

Need for Community Mental Health Services

The World Health Organization defines health as a "state of complete physical, mental and social well-being, and not merely the absence of disease."[131] Mental health is an integral part of well-being and the foundation for effective and meaningful functioning in the community. But mental illness detracts from an individual's ability to reach their full social and economic potential. For many low-income individuals, mental health care is hard to come by, so those feeling the burden of mental illness continue to suffer unnecessarily.

Community mental health centers are a vital resource for individuals with few other options. They provide a full range of services as mandated by the Community Mental Health Act of 1963: partial hospitalization, emergency services, inpatient care, outpatient care, and community education. Located within and throughout communities, they are typically more accessible to people who may have

transportation barriers. Public funding allows the use of a sliding fee scale, making care affordable for those with little or no health insurance who may not be able to meet the expense of institutional services. Bridging these gaps makes community-based mental health care a viable option for those who may be in great need, but otherwise not consider or have access to care.

Summary: Method and Rationale

There are many reasons why people may need mental health treatment, ranging from experiencing abuse, experiencing or witnessing a violent crime, having post-traumatic stress disorder or a traumatic brain injury, and others. The potential demand for community-based mental health services in Illinois was determined here not by considering why someone might need services, but rather by the severity of the mental illness. Specifically, the need for community-based mental health services was determined by:

1. *Calculating the number of individuals in selected age ranges:*[132] The age ranges of 17 and under, 18 to 54, and 55 and over were used to reflect the unique needs that age presents in mental health treatment.
2. *Adding a filter of low income, below 200 percent of the federal poverty threshold:*[133] Due to far lower rates of health insurance coverage and few mental health professionals accepting public insurance, individuals with low incomes are far less likely to be able to access private mental health care and so are more likely to rely on publicly-funded services.
3. *Multiplying the age-specific low-income populations by the appropriate prevalence rate for a serious mental illness (SMI):* [134] The U.S. Office of the Surgeon General uses federal guidelines to define SMI as any mental disorder that interferes with social functioning. Although community-based mental health services address multiple mental health issues of varying severity, SMI is the most functionally limiting and therefore the need for services is clear and immediate.

Summary: Results

Table 2 outlines populations in Illinois that need community-based mental health services. In total, there are 209,072 individuals of any age with a serious mental illness living below 200 percent of the poverty line in Illinois who may be in need of community-based mental health services.

Table 2: Populations Needing Community-Based Mental Health Services

Population	Number of Individuals in Illinois in Need
Low-income youth with serious mental illness	74,532 low-income individuals ages 17 and under
Low-income adults with serious mental illness	104,029 low-income individuals ages 18 to 54
Low-income older adults with serious mental illness	30,511 low-income individuals aged 55 and over

Detail: Method, Rationale, and Results

Low-income youth with serious mental illness: 74,532 individuals ages 17 and under

Children and adolescents are far from immune to mental illness, and in fact emotional troubles at a young age can have particularly significant and lasting effects on development.[135] Life stressors such as poverty, exposure to violence, and trauma affect young children as much as adults, and are common among low-income households. Lack of coping skills in children and ability to express their feelings can lead to behavioral issues and/or emotional problems.[136] If left untreated, these

symptoms can be exacerbated later in life. Preventive education and early childhood interventions can mitigate the long-term effects of early childhood stressors.[137]

Mental health concerns among adolescents are also well documented. Adolescence is a highly vulnerable time during which young adults undergo significant developmental changes while also feeling the strains of peer pressure, fitting in, and academic stress. Mood disorders, conduct disorders, and anxiety disorders commonly develop at this time,[138] and existing mental issues may become more complicated and intrusive.[139] This takes a harsh toll on adolescent well-being: nationally, between 500,000 and 1 million adolescents attempt suicide every year,[140] and adolescents with mental illness make up 67 to 70 percent of those involved in the juvenile justice system.[141]

The Office of the Surgeon General estimates that 5.9 percent of children have a serious mental illness that will persist into adulthood.[142] Applying this rate to the total population of low-income Illinois children according to the U.S. Census Bureau's 2010 American Community Survey results in 74,532 low-income Illinois children ages 17 and under in need of community-based mental health care.[143] It is worth noting that this is likely an underestimate of the need for services since only illness which will persist into adulthood is included. More than three times as many children nationwide, or about one in five children, have any mental illness which might require care.[144]

Low-income adults with serious mental illness: 104,029 individuals ages 18 to 54

Individuals with severe mental illness (SMI) have a life expectancy 25 years shorter than the average American, meaning most will only live to age 53.[145] This is due in large part to the higher prevalence of largely preventable physical concerns among SMI individuals, such as smoking and obesity.

Low socioeconomic status is a demonstrated barrier to receipt of mental health care across all age groups, but in particular for working-age adults who have lower rates of health insurance coverage than children and older adults.[146] Greater physical health concerns paired with unmet need make the risk of premature death even more prominent for the people with low incomes and a mental illness.[147]

An estimated 5.4 percent of American adults experience serious mental illness according to the U.S. Office of the Surgeon General.[148] At this rate, 104,029 low-income Illinoisans ages 18 to 54 are found in need of community-based mental health care when applying this rate to the U.S. Census Bureau's 2010 American Community Survey data for Illinois.[149]

Low-income older adults with serious mental illness: 30,511 individuals ages 55 and over

Older adults in general tend to have reduced social networks and report greater perceived isolation, possibly resulting from greater health issues, disabilities, and major life transitions.[150] Low-income older adults in particular have a greater risk of being exposed to risk factors for mental illness, such as crime, substandard housing, poor nutrition, and physical health conditions.[151] Depressive symptoms and isolation are widely found to be associated with poor health, decreased ability to perform daily tasks, mobility impairment, premature mortality, and morbidity.[152] Furthermore, while older adults tend to have lower rates of depression than other age groups, they have a higher rate of suicide.

The Illinois population will see a significant rise in the proportion of older adults in the coming decades.[153] Due to increased health care needs that come with age, this is expected to overwhelm

the health care system, including mental health services. Some of the strain can be buffered by community-based mental health centers.

Low-income older adults respond very well to community-based systems which allow them a part in decision making and address other social needs which may be barriers to positive mental health, leading to better utilization and outcomes.[154] It has been suggested that signs of improvement may take longer to become evident among older adults in community-based mental health treatment, but that should not discount this system; it actually further suggests that hospitalization, or even intensive outpatient hospital care, are costly, time-consuming, and inconvenient options for individuals who will be in treatment long-term.[155]

Nationally, the rate of serious mental illness among the older adult population is 4.0 percent as estimated by the U.S. Office of the Surgeon General.[156] Applying this rate to the low-income population of adults ages 55 and over as determined by the U.S. Census Bureau's 2010 American Community Survey, an estimated 30,511 low-income Illinoisans ages 55 and over have a serious mental illness.[157]

Realities and Trends Impacting the Need for Community Mental Health Services

From 2000 to 2009, the portion of the Illinois population ages 18 and over experiencing frequent mental distress (FMD) rose from 7 to 10 percent.[158] Among the uninsured population, FMD rose from 9 to 16 percent.[159] Frequent mental distress is defined by the Center for Disease control as having at least 14 mentally unhealthy days within the last 30.[160] This is consistently more common among younger age groups (over 3.5 percent of 18-24 year olds experience it compared to less than .25 percent of those 65 and over), and younger age groups are also more likely to be uninsured.[161] Among the uninsured population FMD increases as income decreases.[162] Clearly as the incidence and frequency of mental distress rises, the chance that more people will need mental health services rises as well. However, those experiencing distress at the highest rates are the least likely able to afford it.

Across all age groups, mental health service utilization is low. In North America, this has been found particularly true for groups with a low socioeconomic status.[163] Reasons for low help-seeking behaviors are many and varied across demographic groups. Individuals who have never encountered the mental health system before may not know how to navigate its complexities. Low-income families indicate lack of respite care, transportation issues, and lack of emotional support as some of the main barriers to seeking and continuing treatment.[164] Perceived stigma, embarrassment, and acceptability are also cited as reasons for not seeking services among many groups, especially low-income individuals and individuals without a high school diploma.[165] Community-based mental health care is an important care option in this context due to its location within the community where physical access barriers can be diminished and because the centers can build reputation in the community to mitigate fears and stigma.

There is a wide gap in the rates of health insurance coverage by income, and therefore a gap in access to quality mental health care. Low-income uninsured or underinsured individuals will often forgo care, and in the case of mental health care they may be left to grapple alone with long-term mental illnesses.[166] Of individuals under 200 percent of the poverty level in Illinois, 25 percent lack health insurance, compared to 9 percent of the population living at 200 percent and above.[167] As poverty deepens, the likelihood of being uninsured rises: 28 percent of Illinoisans in extreme poverty are without health insurance. The prevalence of individuals in Illinois covered by government insurance programs increased from 19.1 percent in 2009 to 19.9 percent in 2010, which is an improvement considering that more individuals in need have coverage (but also a setback considering it suggests that more people are in need).

Regardless, not all mental health care services are covered by public insurance, so there is no guarantee that government insurance will ensure access to adequate care for these individuals.

Yet even the privately insured face discrimination and difficulty accessing mental health services. The Mental Health Parity and Addiction Equity Act, in effect federally since 2010 and adopted by Illinois in 2011, requires that insurance plans offering both mental and general health coverage must treat them equally.[168] While this is beneficial in some cases, it does not apply to companies covering fewer than fifty employees or companies that choose not to cover mental health care at all.[169] This act has been criticized as a "disincentive" to offering mental health coverage.[170] Unfortunately, no data exists on rates of mental health insurance coverage alone, so the effects of this act are not known. Furthermore, companies have imposed other regulations to limit mental health coverage, such as restricting the number of outpatient visits or days in a hospital permitted for mental health care.[171] Clearly mental health care is still limited for millions of people despite mental health insurance parity.

The Affordable Care Act will attempt to fill some of these gaps. By 2014, individuals under age 65 will no longer have to meet the federal definition of "disability" in order to receive Medicaid, a definition which has failed to encompass mental disabilities. Instead, Medicaid benefits will be expanded to all adults with incomes up to 133 percent of the federal poverty line.[172] In Illinois, 500,000-800,000 individuals are expected to become newly eligible for Medicaid as a result of this transition,[173] which will likely greatly benefit low-income, mentally ill individuals. The federal government will initially pay for 100 percent of the services used by newly eligible enrollees, gradually decreasing to 90 percent by 2020. However it will not be an easy transition. In order to secure federal funding, community-based mental health center staff will be required to outreach to these newly eligible participants and assist them through the Medicaid enrollment process, which will be an extensive and costly effort. Furthermore, the services deemed "medically necessary" and billable by Medicaid have not yet been determined. Advocacy efforts must largely focus on assuring that this list is comprehensive and adequate. Only if community-based mental health centers are able to enroll enough newly eligible individuals and offer a comprehensive mental health service base will they be prepared to meet the need of the newly eligible population. Finally, it is possible that states will attempt to fight increased spending due to expanded Medicaid eligibility by cutting reimbursement rates to health care providers and reducing the list of benefits covered by Medicaid.

Disability Services

Importance of Disability Services

When the Americans with Disabilities Act passed in 1990, Congress explicitly acknowledged that the 43 million Americans with disabilities have been historically subjected to significant and pervasive discrimination. Since then, the field of human services has come a long way in respectfully and effectively addressing the unique needs surrounding areas like health, housing, employment, and accessibility of persons with physical and/or mental disabilities.

Yet the strides that have been made have not been enough to eliminate the disparities that exist for people with disabilities. In addition to the discrimination, stereotypes, and misconceptions that continue to exist, people with disabilities also suffer poorer health, financial, and socio-emotional outcomes compared to those without disabilities:

- Across the nation the average annual health care expenditure for a child with a disability is $3,511, compared to $889 for typically developing children; the out-of-pocket expenditures for families of children with disabilities are about 50 percent higher than for families of typically developing children.[174]
- Individuals with disabilities have lower rates of preventive service use.[175] However, they are just as likely as the non-disabled population to engage in risk behaviors, and as such have higher rates of preventable emergency room visits and poorer overall health outcomes.[176]
- Secondary medical conditions are reported by 87 percent of people with disabilities.[177]
- 36 percent of all individuals with disabilities nationwide live in institutional care settings apart from their families and community.[178]
- A high school diploma is obtained by 78 percent of individuals with disabilities, compared to 91 percent of individuals without disabilities nationally.[179]
- Across the nation the cost of supporting working-age unemployed adults with disabilities is estimated at $232 billion annually in direct government and private payments.[180] Many individuals with disabilities are able to maintain successful employment with adequate supports.[181]

It is important to keep in mind that disabilities occur within the context of the environment. What an individual can and cannot do independently is determined by how well their physical surroundings have adapted to support their natural capabilities. Many such adaptations exist for the general population: public buildings and public transportation have access ramps for strollers or luggage, roads have lamps which ease nighttime driving, and guidance counselors in public schools are a resource when children are behaving poorly. All of these accommodations are paid for with public dollars. Disabled individuals require many varied supports which, though usually different, should not be considered disproportionate compared to supports provided for typically developing individuals. The goal of any supportive intervention should be to provide opportunities and remove barriers to optimal individual functioning. This can include physical supports, such as modifications to the home or workplace, or assistive technologies which enable individuals to perform certain tasks, as well as social supports like special education programs, supportive employment, and home- or community-based health care.

Need for Disability Services

Summary: Method and Rationale

The need for disability services in Illinois was determined by:

1. *Calculating the number of individuals with a disability:*[182] Disability is defined and measured by the U.S. Census Bureau's American Community Survey, which asks respondents to self-report difficulties due to the presence of a cognitive, ambulatory, independent-living, vision or hearing, or self-care difficulty due to a physical, mental, or emotional condition.
2. *Adding a filter of low income, below 200 percent of the federal poverty threshold:*[183] Disabilities are accompanied by highly elevated living costs, mainly revolving around health care, but also including physical adaptations to the home, personal care assistance, and transportation. Obviously adequate income is needed to cover these costs, but individuals with disabilities and their caregivers face many barriers to work which are discussed in the Employment Services chapter of this report. Those who are able to work may have little expendable income left after covering care. As a result, the population with disabilities faces a higher rate of low-income and poverty than the general population.[184]
3. *Breaking out the population by age:*[185] Type of disability often varies by age and supports needed may also differ. For instance, working-age individuals with a disability may desire supports to help them engage in the workforce, whereas older adults may need home modifications and home care that allow them to age in place longer.

Summary: Results

Table 3 breaks down the low-income disabled population by age group. In total, there are over 574,000 low-income Illinoisans with a disability.

Table 3: Populations Needing Disability Services

Population	Number of Individuals in Illinois in Need
Low-income youth with disabilities	58,040 low-income individuals ages 17 and under
Low-income adults with disabilities	296,828 low-income individuals ages 18 to 64
Low-income seniors with disabilities	219,150 low-income individuals ages 65 and over

Detail: Method, Rationale, and Results

Low-income youth with disabilities: 58,040 low-income individuals ages 17 and under

Childhood is a period of crucial development and growth, which affects an individual's lifetime well-being. This can be challenged by the presence of a disability, and in these cases youth require supports beyond those of typically developing youth to ensure that their development is as successful and stress-free as possible.

Of course this can be difficult to manage financially and may require choosing between necessities. Households with a child with a disability are 78 percent more likely to report that they worried about food running out in the past year, and 89 percent more likely to report skipping meals to save money than families without a child with a disability.[186] They also postpone or forego necessary medical (61 percent more likely) and dental care (83 percent more likely) more frequently due to financial strains. Yet these families are not receiving nearly enough assistance meeting their needs: 20 percent of children with disabilities received Supplemental Security Income (SSI) in 2009, even

though 30 percent of children with disabilities live in poverty.[187] Families with children who have disabilities spend approximately 50 percent more on out-of-pocket health costs; the impact is significantly disproportionate for low-income households, who spend 172 percent more of their household income on the disabled child's health care needs than households living above 400 percent of the poverty level.[188]

Poverty alone is associated with reduced cognitive development, as families do not often have the time or money to invest in quality child care and stimulating toys; low-income children with disabilities are further disadvantaged as their families may not be able to afford assistive technologies or physical adaptations to the home environment that are necessary for maximal development. Upon entering grade school, low-income schoolchildren with disabilities require extensive supports to supplement this gap in cognitive development, such as individualized education plans or one-on-one aides.

In adolescence, the transition into adulthood becomes a major concern. This time has been called the "transition cliff," meaning that as eligibility for many programs changes from childhood to adulthood, many adolescents lose needed supports and have nothing to fall back on. Young adults with disabilities attend post-secondary education at a lower rate than the general population, have lower rates of employment, and on average make less money.[189] These outcomes will be discussed more in the following section on working-age adults, but they are heavily affected by how well teens are prepared by their schools and communities. Middle and high school students with disabilities would be best served by specialized assistance with study skills and strategies, considering future career opportunities, and learning self-determination and self-advocacy.

There are 58,040 low-income children under age 18 in Illinois with disabilities, according to the 2010 American Community Survey.[190] The American Community Survey defines disability as a cognitive, ambulatory, independent-living, vision or hearing, or self-care difficulty due to a physical, mental, or emotional condition.

Low-income adults with disabilities: 296,828 low-income individuals ages 18 to 64

Inadequate supports and preparation for the adult world leads to a glaring gap between long-term career attainment for adults with disabilities and those without. Forty percent of adults with a disability ages 16 to 64 were employed full or part time at any point in 2010, compared to 78 percent of the same nondisabled population; the median income earned by disabled adults was $20,083 in 2008, but $30,870 for nondisabled adults.[191] Young adults with disabilities who are already in low-income households have unequal opportunity to work their way out: 61 percent of those from households earning $25,000 or less have held a job in the four years since high school compared to 81 percent of those from households earning $50,000 or more.[192]

Despite these income disparities, many adults are not eligible for needed income supports. For example, the definition of "disability" used to determine SSI eligibility differs for children under age 18 and adults: children are considered to have a disability if they have a severe functional limitation, and adults are only eligible if they lack the ability to engage in substantial and gainful work activities due to a medically determinable disability.[193] Defining benefit eligibility by ability to work does not take into consideration the ability to find employment, which is disproportionately low for adults with disabilities. As a result, 33 percent of teens lose SSI income, often their only safety net, upon turning 18 years old (the aforementioned transition cliff); about half of these individuals are not in school or working, and over half have no health insurance.[194]

Some individuals for whom employment is not a goal or an option are able to maintain a steady income of SSI and Social Security Disability Income throughout adulthood. However the income alone may not be enough to meet their basic needs, including health care. There are many barriers to receipt of health care services, mainly either structural or involving process. Structural barriers include inaccessible examination rooms and equipment, inaccessible bathrooms, and lack of ramps. These barriers can and should be prevented. Process barriers more commonly reported by individuals with disabilities include inconvenience, physicians' misunderstanding their condition, lack of follow up care, insurance restrictions, poor communication between providers, and unavailability of specialists.[195] Considering that 87 percent of individuals with disabilities report a secondary medical condition, these barriers are highly disconcerting.[196]

Community and in-home care is an important need among the adult population with disabilities. A greater number of unmet community and home service needs is associated with increased limitations in activities of daily living.[197] With 70 percent of adults with disabilities aged 35 and over showing increased function with assistive technology and environmental modifications, limitations could be dramatically decreased through these methods.[198] Interestingly, household income has no affect on the number of unmet needs among adults with disabilities.[199] However, many factors that are related to fewer unmet needs, such as a personal caregiver, special equipment, home ramp installation, and living in wealthy communities with accessible buildings and provisions, are generally unaffordable or inaccessible to low-income adults with disabilities.[200]

There are 296,828 working age adults in Illinois with a disability, according to 2009 American Community Survey Public Use Microdata.[201] The American Community Survey defines disability as a cognitive, ambulatory, independent-living, vision or hearing, or self-care difficulty due to a physical, mental, or emotional condition.

Low-income seniors with disabilities: 219,150 low-income individuals ages 65 and over

More than one in three (38 percent) Illinoisans with disabilities is aged 65 or older. It is not unusual for mental and physical disabilities among this population to be overlooked as expected consequences of aging. As such, the disability is often not investigated and older adults may not be prescribed the assistive technologies to help them function independently that a younger person would;[202] rather, many health care providers choose to focus on providing comfort with the assumption that there is nothing more to be done. For older adults, it is very important to determine whether the disability is occurring because the body is failing, in which case there may be no intervention which could improve their functioning, or whether the individual could continue to live fully and extensively with the proper supports.

Yet typical functional deterioration and disabilities are not unrelated, and in fact the effects of age and disability are compounded. Older adults with disabilities have an increased risk of developing health problems compared to older adults without disabilities.[203] Obesity and cigarette smoking are more common among the disabled older adult population, while health insurance and physical activity are less common.[204] Furthermore, older adults with intellectual or developmental disabilities experience functional declines 15 to 20 years earlier than their non-disabled counterparts.[205]

Disabilities among older adults deserve the same attention as younger populations and should not be dismissed as incurable or inconsequential. Many community- and home-based interventions for older adults with disabilities are similar to the general older adult population. They may face barriers in the home such as staircases, difficulty accessing necessities, or inability to navigate the kitchen

and prepare meals. In the community, there may be inadequate transportation services, inaccessible buildings, or minimal opportunity for physical activity or social interaction. Low-income seniors may not have the resources or be able to afford the resources that would assist aging in place or independent function, especially since the services needed are more intensive and require specialized disability-related knowledge. Just as with typically functioning seniors, it is most cost-efficient and in the best interest of the entire community to provide aging-in-place supports which will keep low-income seniors with disabilities out of institutions as long as possible.

There are 219,150 low-income individuals ages 65 and over in Illinois with a disability, according to 2009 American Community Survey Public Use Microdata.[206] The American Community Survey defines disability as a cognitive, ambulatory, independent-living, vision or hearing, or self-care difficulty due to a physical, mental, or emotional condition.

Realities and Trends Affecting the Need for Disability Services

From the first quarter of 2009 to the second quarter of 2011, the Illinois unemployment rate for individuals with disabilities ages 16 to 64 rose from 17.6 percent to 22.0 percent, compared to 9.0 and 9.2 percent during that same period for individuals without disabilities.[207] So not only is the rate of unemployment double for individuals with disabilities, it has been trending upward in the past year and a half. Furthermore, individuals with disabilities are more likely to work part-time. While many individuals with disabilities prefer or can only manage part-time work, it is still not likely sufficient to support them financially. If individuals with disabilities are not earning wages on par with the rest of the population, they will need income supports or subsidized job opportunities to make up for the gap.

From actual expenditures in 2009 to the enacted 2012 budget, the Illinois Department of Human Services saw a 22 percent cut in Developmental Disabilities grants and a 40 percent cut in Rehabilitative Services. As funding for disability programs is reduced, so is the capacity of day care programs, supportive jobs, and summer camps, among other services, meaning many participants will be dropped from services. Not only does this affect the income and well-being of disabled populations, but it leaves many family caregivers unable to go to work or struggling to pay for other forms of care. The impact of cutting disability programs is felt by the entire household and often community.

Appropriate housing for low-income individuals with disabilities must be both affordable and accessible. In 1990 the ADA put forth standards for accessible design which require all new residential and commercial units to meet a minimum level of accessibility;[208] however, this only applies to units built after the Act was implemented. As of 2010, in Illinois, 77.8 percent of homes were built before this time,[209] meaning that the majority of homes are not likely to have the proper modifications for individuals with disabilities. Furthermore, new housing development has recently slowed: 38,255 construction permits were authorized in Illinois in 1990, peaking at 62,211 approved permits in 2003.[210] During the height of the recession in 2009, only 10,859 permits were approved in Illinois, with a slight increase up to 12,318 in 2010.[211] Due to the current housing crisis, fewer appropriate housing options are becoming available for individuals with disabilities.

On top of this struggle to find accessible housing, many Illinoisans with disabilities are also hindered by the cost of housing. The higher poverty rate and lower average annual earnings among individuals with disabilities largely contribute to the uneven playing field. Approximately 15 percent of adults with disabilities in Illinois receive SSI,[212] and the average annual payment is about $9,266, or $772 per month.[213] With local area fair market rents for a one-bedroom apartment in Illinois ranging from $432 to $904,[214] housing for individuals relying on SSI will account for at least half to all of their income.

Unfortunately, homes and rental units built before 1990 are notably more affordable than those built after 1990;[215] therefore the most potentially affordable units are inadequate for people with disabilities, and many do not have the money to add modifications to these older homes. Without housing that meets their needs, individuals with disabilities can experience a decline in functioning or intensification of their illness.

As health declines with age, older adults become more susceptible to disability. Simultaneously, the population overall is aging and life expectancy for persons with disabilities is increasing. So while there are more older adults at risk for disability, and these adults are living longer, there will be a greater demand for services for older adults with disabilities.

Employment Services

Importance of Employment Services

Locating stable employment has historically been one of the main ways for an individual to achieve economic security. It provides a path toward financial freedom that can lead low-income families towards greater stability.

The inability to secure employment can have a major impact on individual mental and physical health, and cause strain within the entire family unit. Unemployed job-seekers express high levels of unhappiness and dissatisfaction with life, and these levels increase with time spent unemployed.[216] Depression, anxiety, lower cognitive functioning, and lack of optimism have all been associated with unemployment, financial stress, or other unfavorable economic events.[217] Children in households facing financial pressure are more likely to externalize or internalize emotions due to factors such as low-quality parenting, low parental involvement, and the mental health state of the parents.[218]

Successful job training programs are closely linked with employers who are more willing to hire training graduates, are sector-focused, are driven by employer demand and market needs, and include hard skills, soft skills, and transferable jobs skills training.[219] Transitional Jobs provide temporary wage-paying jobs along with a variety of supportive services such as soft-skills training, transportation, and intensive supervision, and job placement help to those who have encountered problems getting and holding jobs in the labor market.[220] These programs assist in providing participants with work experience and a positive work history.

Investing in employment services is an effective way to bring about individual- and family-level change, and has positive effects on the economy as well:

- The impact of formal education on one's earning potential is significant – ranging from 4 to 13 percent in additional earnings for each subsequent year of education.[221]
- Several studies have revealed that individuals who graduated from training programs tended to work more regularly than they had prior to receiving training, or more consistently than those who did not receive training.[222]
- Private sector job training programs have initial returns on investment spanning from 10 to 20 percent.[223]
- Training programs that work with low-income adults impact participants' annual earnings: participants secured incomes ranging anywhere from 10 to 156 percent more than what similar job seekers had been able to make without training or with job search services only.[224]
- Research has shown that Transitional Jobs programs, through which employers are funded to hire individuals with barriers to work and provide on-the-job training and supports, reduce arrest and recidivism among former inmates, reduce welfare receipt among TANF recipients, and provide work opportunities for disadvantaged individuals across the country.[225]
- Past qualitative studies have shown that critical elements of Transitional Jobs programs (e.g., having a career plan, working with an invested supervisor, and earning a paycheck) help

program participants feel motivated to work and allow them to gain skills that are transferable to future employment.[226]

Need for Employment Services

Since the recession began in December 2007, the need for employment services has skyrocketed. A lack of jobs, particularly full-time jobs, and reduced hours has left even the most skilled workers experiencing hardship, perhaps for the first time, while already low-income working households may have found themselves sinking deeper toward or into poverty. On the other hand, a subset of the population has long struggled with barriers to employment, such as low education, inconsistent work histories, and incarceration. Now with higher rates of unemployment overall, these individuals have even fewer opportunities in the labor market than in healthier economic times.

Even when employment appears to be secure, that security can quickly disappear as evidenced by the Great Recession. While no one is immune to these circumstances, there are specific populations in Illinois that experience more obstacles or barriers to employment even in a healthy economy and are in greater need of employment services.

Summary: Method and Rationale

The need for employment services among populations with barriers to employment in both good and bad economies is determined for specific populations in two ways:

1. By calculating the number of Illinoisans in certain vulnerable groups living below 200 percent of the federal poverty threshold. Vulnerable groups included are:
    a. *Individuals with barriers to work:*[227] Barriers to work, including low educational attainment and little attachment to the labor force decrease the likelihood that an individual will be able to get and keep a job.
    b. *Unemployed youth:*[228] Youth who are not in school and not working are at risk of not transitioning effectively into the workforce at a later age.
    c. *Older adults with barriers to work:*[229] With higher rates of unemployment and lower rates of re-employment, older unemployed adults with low education levels have a particularly salient need for employment services.
    d. *Unemployed working-age individuals with disabilities:*[230] Many individuals with disabilities want to work and can work given proper training and supports.
2. *By estimating the number of individuals in Illinois who have a criminal record:*[231] No matter what the economy or other personal characteristics, individuals with a criminal record have historically faced pervasive employment discrimination.

Summary: Results

Table 4 identifies certain groups that could most benefit from employment supports.

Table 4: Populations Needing Employment Services

Population	Number of individuals in Illinois in need
Low-income adults with barriers to work	118,210 individuals ages 18 to 64 with no high school diploma or GED, who are not in school, not in the labor force, and have no disability
Low-income unemployed youth	89,188 individuals ages 16 to 24 and under *39,691 are enrolled in schools* *49,497 are not enrolled in schools*
Low-income older adults with barriers to work	6,286 individuals ages 55 to 70 with no high school diploma who are unemployed
Low-income individuals with disabilities	27,208 individuals ages 18 to 64 who are unemployed
Adults who have spent time in prison	262,201 individuals ages 18 and over

Detail: Method, Rationale, and Results

Low-income adults with barriers to work: 118,210 individuals ages 18 to 64 with no high school diploma or GED, who are not in school, not in the labor force, and have no disability

Across all industries and for people of all skill levels, the number of jobs is insufficient. Nationwide, there has been one job available for every four or more workers over the last two-and-a-half years.[232] At this level of competition, individuals who have no high school diploma and no professional education or training are unable to compete in the labor market. With such small chances of finding employment, continued participation in the labor force may seem discouraging and unrealistic. Individuals who do not complete high school or its equivalent are more likely to already have a low socioeconomic status,[233] so the inability to find a job only pushes them deeper into hardship.

From 2000 to 2010, Illinois has consistently had higher labor force participation (LFP) rates than the national average (although the employment rate was not consistently higher).[234] However, among those with low education and little formal training, being able to compete in the labor force can be a less accessible option, potentially discouraging labor force participation. Individuals without a high school diploma are the least likely to participate in the labor force than higher educated individuals.[235] In Illinois, the LFP rate for individuals ages 25 to 64 without a high school diploma or equivalent was 62 percent in 2010.[236] People with a high school diploma or equivalent had a LFP rate of 76 percent, and LFP rates only increase by education level from there.[237] Furthermore, the largest decline in national LFP rates since the 1970s has been among those with less education.[238]

Because of their low marketability and disengagement from the workforce, Illinoisans with no high school diploma, no disability, and who are not in school, working, or looking for a job have the greatest need for employment services and training that will help them develop the necessary skills to obtain a sufficient income so they can become viable participants in the labor market.

This population estimate was calculated using 2009 American Community Survey Public Use Microdata, filtering for individuals ages 18 to 64 with low-incomes, no high school diploma or GED and no disability, who are not in school, working, or looking for a job. In Illinois there are 118,210 adults with severe barriers to work as defined by these filters.[239]

Low-income unemployed youth: 89,188 individuals ages 16 to 24

Adolescent unemployment is often accompanied by indifference from the general public, as teens are assumed to still have the support of their parents and do not need additional income to survive. Yet this is not universally true: youth from low-income families may be counted on to help financially support the household, or they may be expected to support themselves (whether still living as a member of the household or disengaged from the family and living independently). Unemployment can also have long-term negative effects on young adults' futures. Adolescents and youth from economically struggling households have a more difficult time transitioning into the labor force than their more well-off peers. They are less likely to have the initial work experience that can help make them marketable: teens in poverty are less than half as likely to be employed as those from households at 200 percent of the poverty level or above (17 percent compared to 38 percent).[240] Youth who do not make a successful transition into the labor force are more likely to utilize public assistance as adults.[241]

In school: *39,691 youth who are enrolled in school*. Unemployed youth may be enrolled in either high school or college and are actively looking for a job. For those in high school, moderate involvement in part-time work at 20 hours or less per week leads to greater chances of post-secondary employment and higher wages.[242] Part-time work also increases academic achievement. Those who choose to go on to college benefit even more, as one year of post-secondary education is generally considered the "tipping point" toward secure, family-supporting employment.[243]

Unfortunately, fewer low-income youth experience the benefits of working while in school as compared to their higher-income peers. They are more likely to work long hours to supplement their family income, which can be detrimental to school performance.[244] Post-secondary education may not be an option for many, and those who do enroll may either drop out or perform poorly due to a high workload. Without these credentials, low-income youth will fall even further behind their peers in the labor force. Low-income youth can be better prepared for the future through supportive education and employment which will allow them to advance through their careers with equal opportunity.

Not in school: *49,497 youth who are not enrolled.* Many youth, for preference or necessity, have chosen to no longer continue in school. Low-income youth in particular may feel that discontinuing their education is a necessary choice which will allow them to work longer hours and become financially independent. While this may have been a safe option several decades ago, the basic willingness to work is no longer sufficient for a stable career. Youth with little or no prior experience are primarily limited to low-skilled, low-wage employment, and their chances of even obtaining that are low. From 2000 to 2010, the employment rate for teens fell from 46 to 27 percent, the greatest fall across all age groups, and it continues to fall even as post-recession unemployment rates improve.[245] Even the lowest-skilled jobs are highly sought after, and low-income youth with no experience or education are largely not prepared to compete. Workforce development, transitional jobs, and training programs can help low-income youth develop the skills and experience which will equip them to subsist in the labor force.

The groups of unemployed youth enrolled in school and not enrolled in school were calculated separately using 2009 American Community Survey Public Use Microdata. Overall, 89,188 low-income Illinois youth ages 16 to 24 are unemployed, leaving them at risk of insecure employment and a questionable financial future.[246] Of these youth, 39,691 are enrolled in schools and 49,497 are

not.[247] Since this group is inclusive of individuals up through 24, some overlap is to be expected between the previous group of adults as young as 18 with barriers to work. Youth up to age 24 are included here because it is evident that many young adults struggle to maintain employment even with few or no other barriers.

Low-income older adults with barriers to work: 6,286 individuals ages 55 to 70 who have less than a high school diploma and are unemployed

It is commonly assumed that older individuals should have rich work histories, established careers, and be on their way to retirement, so their employment needs are often underestimated. With rising medical bills, a need for health insurance, and potentially a lifetime of debt, continuance in the workforce may be the only option. The prevalence of older adults in the workforce is actually on the rise, and more people are delaying retirement for many reasons, financial need being a prominent one. One in three older Americans lived in a low-income family in 2009, and this was true for more than half of older adults without a high school diploma.[248] Less education and training is directly related to unemployment and low lifetime earnings.[249] This means that those most in need of financial support may not have a great deal of Social Security coming their way.

Low-income older adults face significant barriers to employment. They may be unfamiliar with the modern job search process (which is largely online), on average they take longer to find jobs,[250] and many become frustrated and accept early retirement at a cut to their benefits.[251] They may find their training and skills inapplicable to today's industries, yet lack technological and communication skills that are in demand. Those who had valuable labor skills may no longer be able to perform the physically demanding work, and health also limits the hours and locations older adults are able to work.

The perceived inability of older adults to perform in-demand work contributes to a perception of irrelevance and discrimination. Though most employers claim to hire fairly, their practices show otherwise. Age-based stereotypes include that older adults are less productive, less creative, less flexible, less trainable, less interested in technology, and less promotable.[252] Women and minorities in particular suffer from a lack of applicable, formal training.[253] (Tellingly, older women have a higher poverty rate (10.7 percent) than older men (6.6 percent)).[254] Older adults experience greater earnings reductions upon re-employment compared to younger job seekers, and earn 30 percent less than their already employed counterparts.[255] For low-income older adults, this further threatens their ability to make ends meet.

There are 6,286 unemployed adults ages 55 to 70 in Illinois living below 200 percent of the federal poverty level without a high school diploma who could benefit from employment services that would lead them to greater financial stability, according to calculations using 2009 American Community Survey Public Use Microdata.[256]

Low-income, unemployed individuals with disabilities: 27,208 individuals ages 18 to 64

For many people with physical and mental disabilities, steady work is the ultimate measure of independence. Yet the proportion of individuals who get to experience this is low. In 2010, 6.5 percent of working-age Illinoisans reported having a disability.[257] Of these, 40 percent were either working or looking for a job and 33 percent were employed, compared to 80 percent of adults with no disability who were involved in the work force and 72 percent who were employed.[258]

The Americans with Disabilities Act of 1990 mandates the hiring of "otherwise qualified individuals with a disability", and states that employers must provide reasonable accommodation upon the request of the employee.[259] However, those terms are not clearly defined and employers commonly avoid compliance with the law, making it difficult for individuals with disabilities to find suitable and fair employment. This is largely due to the stigma surrounding disabilities. Discomfort, threat, and low competence are some of the many negative impressions of individuals with disabilities reported by employers.[260] Many employers also feel that any accommodations they might have to make would be too costly and not worth the investment.[261] Most companies (67.5 percent) do not have any policy or programs surrounding an effort to employ individuals with disabilities.[262] Finally, some individuals with disabilities may not even disclose their diagnosis for fear of being stigmatized or treated unfairly, and those who do may be hesitant to ask for accommodations for that same reason. Without the supports they deserve, employment for these individuals will be less stable.

For these reasons, individuals with disabilities suffer a high unemployment rate: in the second quarter of 2011 the Illinois unemployment rate for individuals with disabilities ages 16 to 64 was 20.5 percent compared to 8.7 percent for individuals without disabilities.[263] Individuals with disabilities tend to experience longer periods of unemployment and once hired earn less income[264] and work fewer hours than the non-disabled population.[265] The reason for their low earnings potential can be explained by the perception that they can only perform jobs requiring low skill and low concentration. This limits their opportunities and ability to build a comprehensive work history; instead individuals with disabilities generally exhibit complex, chaotic, and nonlinear career development patterns, which hurt their chances for upward movement.[266] For those who are also low-income, the lifetime stability of individuals with disabilities – who already have a difficult time affording care and obtaining the resources necessary for them to live with dignity – is significantly decreased.

Individuals with disabilities may realistically encounter difficulties when working, such as problems with concentration, stamina, time management, multitasking, interpersonal skills, and behavioral difficulties.[267] Yet when given the proper supports, they have been able to manage their difficulties and become financially independent on a level with their non-disabled counterparts.[268] However, each individual requires different accommodations, so service providers and employers must be willing to address a range of needs.

There are 27,208 low-income unemployed Illinoisans with disabilities according to 2009 American Community Survey Public Use Microdata.[269] The American Community Survey defines a disability as a cognitive, ambulatory, independent-living, vision or hearing, or self-care difficulty due to a physical, mental, or emotional condition. These individuals have the potential to be a part of the workforce with proper supports.

Individuals who have spent time in prison: 262,201 individuals ages 18 and over

Individuals with a criminal record have a particularly difficult time securing employment after their incarceration. A large percentage of this population has inadequate life skills and job skills to provide for themselves financially.[270] In fact, roughly 47 percent of jailed inmates and 40 percent of state prisoners have less than a high school diploma.[271] Individuals with a criminal record also often face additional barriers that limit their employability such as lack of transportation, lack of motivation, criminal history stigma, family/social problems, and comorbid illness.[272] In addition, extended periods of incarceration cause obvious gaps in work history which can be detrimental to the job search process.[273]

When those who have been recently released from prison are able to secure employment, they are still often unable to work as much as their counterparts. For example, Hispanic and African American men with a criminal background were employed roughly 15 percent fewer weeks every year compared to those without a criminal record.[274] Individuals who are on conditional release (i.e., parole or probation) must meet strict conditions, such as reporting requirements and drug testing, which can interfere with their work availability as well.[275] Providing this population with employment services and training opportunities is crucial to decreasing their chances of recidivism in the future and positively affecting their financial outlook.

A report by the Bureau of Justice Statistics estimates that 1 in 37 adults nationally has served time in prison.[276] Applying this to the Illinois population determined by the 2010 Census, this amounts to 262,201 individuals with a criminal record potentially in need of employment services.[277]

Realities and Trends Impacting the Need for Employment Services

Due to the devastating effects of the recession, there has been a dramatic increase in the unemployment rate in Illinois. Approximately 663,000 Illinoisans are unemployed[278] with minorities, younger workers, and men being affected the disproportionately.[279] Though there has been a decrease in the Illinois unemployment rate from 10.3 percent in 2010 to an annual average of 10.0 percent as of August 2011, this is still much higher than the rates seen before the recession as well as the national unemployment rate, which has not risen above 9.2 percent in 2011.[280] African American and Latino Illinoisans are more likely to experience unemployment (17.8 percent and 12.7 percent respectively) as compared to their White counterparts (9.1 percent).[281]

Despite the slight decreases in unemployment, hundreds of thousands of workers in Illinois continue to be greatly impacted. The national average length of time spent unemployed has more than doubled in the past ten years, reaching 33.3 weeks in 2010; in Illinois, this average was 36.9 weeks.[282] Furthermore, Illinois was one of seven states in which the proportion of unemployed individuals unemployed for at least a year reached over one third in 2010 (33.8 percent).[283] People with barriers to work, such as low education, and demographically vulnerable populations, such as teens and racial/ethnic minorities, experience the highest rates of unemployment[284] and therefore longer spells of unemployment are more probable. Compounding this, longer spells of unemployment generally weaken workforce competitiveness.[285] Without resources and assistance building their skill set, and locating employers, vulnerable populations will slip further and further from a steady, sufficient income.

Thirteen percent of Illinoisans age 25 and over (1,110,491) lack a high school diploma or its equivalent.[286] The employment and income disparities between individuals with and without a high school diploma are great. Working-age adults who have less than a high school diploma are almost four times more likely to be unemployed than workers with a bachelor's degree (19.9 percent and 5.4 percent unemployment rates, respectively),[287] and those who are employed are at the low end of a widening earnings gap: the median income for a worker without a high school diploma in Illinois is $20,413. A high school graduate can expect to earn $6,447 more than that annually, and an individual with a bachelor's degree could expect an *additional* $29,065 in annual earnings.[288] Furthermore, earnings for workers with low levels of education have steadily eroded over the course of the last few decades. In recent years, workers without a high school degree earn 27.5 percent less and workers with a just a high school degree earn 12.1 percent less than their counterparts did in 1980.[289]

Nationally, incarceration rates have nearly quadrupled since 1980, rising from 139 incarcerations per 100,000 people, to 297 in 1990, 478 in 2000, and 502 in 2009.[290] In Illinois in FY 2010, there were 36,795

admissions to state prisons,[291] which is a rate of 293 individuals per 100,000.[292] This number has remained fairly steady since 2005, along with the number of incarcerated individuals who exited from prisons.[293] It is widely noted that this 30-year increase in the prison population has correlated to a time of decreased crime rates, suggesting that the growing prison population is not due to more crimes but to changes in sentencing procedures.[294] In fact, one main contributor to the rise in incarcerations is that an increasingly greater proportion of arrests have resulted in prison or jail sentences since the 1970s.[295] Sentencing has been impacted by strict guidelines which classify a greater range of crimes as felonies, and mandatory sentencing laws which require harsh punishments for crimes which have previously been dealt with in other ways.

Housing and Homeless Services

Importance of Housing and Homeless Services

Stable, safe, and affordable housing is the cornerstone of economic security. Comprehensive housing services require a range of programs and services to adequately address the diverse needs of Illinois residents. Service delivery typically has two primary objectives: preventing homelessness before it occurs whenever possible and providing housing and supportive services for individuals and families experiencing homelessness.

Helping Illinois families remain or become stably housed helps avoid a host of negative financial, health, and social outcomes:

- Housed children are less likely to be in fair or poor health as homeless children;[296] are four times less likely to be developmentally delayed than children who are homeless; and 18 percent of housed children experience depression, anxiety, or withdrawal compared to 50 percent of homeless schoolchildren.[297]
- Housed families experience lower rates of domestic and community violence and higher levels of educational attainment and work experience.[298]
- HIV transmission behavior and substance use is lower among housed individuals with HIV compared to homeless individuals with HIV.[299]
- The achievement gap is immense for homeless schoolchildren, with a high school graduation rate of less than 25 percent in Illinois (compared to 76 percent for the general Illinois population in 2008[300]) and subsequent lifetime earnings loss of $200,000 on average.[301]

Avoiding these negative outcomes by providing housing and homeless services ultimately saves money:

- Homeless prevention programs lead to reduced dependence on government income supports and double the number of people in paid employment.[302]
- The fair market rent for a two-bedroom apartment is less costly than a one-month stay for a single family in an emergency shelter in almost all cases.[303]
- In an Illinois study, use of Medicaid, healthcare, and correctional services decreased significantly from pre- to post-supportive housing for an overall cost savings of $854,477 over two years, or $4,828 per person.[304]

Despite these proven benefits, hundreds of thousands of people in Illinois are without homes or at risk of losing their home.

Need for Housing and Homeless Services

Summary: Method and Rationale

Homelessness occurs due to a variety of reasons including structural issues, such as housing costs and the low-wage labor market; individual factors, such as untreated illness and domestic violence; and leaving precarious situations such as living doubled-up with other families or re-entry from an

institutional setting. Housing and homeless service consumers are extremely diverse and have a vast range of needs. The need for housing and homeless services is determined in two ways:

1. *By determining the number of people counted as "officially" homeless by the federal government's definition:*[305] which means they are sleeping in a place not meant for human habitation (such as cars, parks, sidewalks, and abandoned buildings), in an emergency shelter, or in transitional housing.
2. By broadening the definition of need beyond the federal definition of homelessness to account for populations known to be particularly vulnerable to housing instability:
    a. *Doubled up:*[306] Individuals living with family or friends due to economic reasons are often living in crowded conditions and can be one step away from homelessness.
    b. *Extreme rent burdened households:*[307] Paying too much money toward housing costs leaves less money for other basic needs and leaves households one missed day of work or one emergency away from losing their housing.
    c. *Individuals who are low-income and disabled, receiving SSI:*[308] Receipt of Supplemental Security Income (SSI) indicates that an individual cannot work and is very low income. With SSI's low benefit amount, many recipients cannot afford housing in the private market.
    d. *Unaccompanied youth experiencing homelessness:*[309] Youth experiencing homelessness are defined as adolescents and children ages 21 and under who meet the federal definition of homelessness and lack guardianship or institutional care. These youth are more likely to engage in high risk behavior and be unattached to school or work.
    e. *Schoolchildren experiencing homelessness:*[310] Children experiencing homelessness experience incredible instability that leads to extremely poor academic and developmental outcomes compared to their peers. They lack the structure and routine of having a permanent home and experience events that can be traumatic and disruptive.

Summary: Results

Table 5 depicts varying levels of vulnerability in terms of housing services need.

Table 5: Populations Needing Housing and Homeless Services

Population	Number of Individuals/Households in Illinois in Need
Individuals experiencing homelessness	14,055 individuals who meet the federal definition of homeless on a given night
Doubled-up individuals	241,093 low-income individuals living with friends or family due to economic need
Extreme rent burdened households	361,964 low-income households paying over half their income on rent
Low-income and disabled individuals	184,393 individuals ages 18 and over receiving Supplemental Security Income
Unaccompanied youth experiencing homelessness	4,102 youth ages 21 and under living homeless without a parent or guardian on a given night
Schoolchildren experiencing homelessness	33,367 children age 3 through grade 12 experiencing homelessness and enrolled in schools

Detail: Method, Rationale, and Results

Homeless individuals: 14,055 individuals who meet the federal definition of homeless on a given night

Under the direction of the U.S. Department of Housing and Urban Development (HUD), homeless service providers come together to conduct an annual Point in Time (PIT) count of homeless individuals on a single night.[311] The PIT consists of reports from emergency shelters, transitional shelters, domestic violence shelters, residential programs for homeless youth, and individuals and families using public or private vouchers to pay for hotels or motels due to homelessness.[312] A street count is also completed by outreach workers and volunteers.

The federal government defines homelessness as sleeping in a place not meant for human habitation (such as cars, parks, sidewalks, and abandoned buildings), in an emergency shelter, or in transitional housing. By this definition, 14,055 homeless individuals were counted in Illinois on a single night in the 2009 PIT survey: [313]

- 16 percent report chronic homelessness.
- 84 percent live in shelters and transitional housing.
- 16 percent are unsheltered.
- 53 percent are single adults.
- 47 percent are persons living in families.
- 15 percent are veterans.
- 32 percent are severally mentally ill.
- 48 percent have chronic substance abuse issues.
- 4 percent are living with HIV/AIDS.
- 25 percent are victims of domestic violence.

The proportion of Illinoisans experiencing homelessness who are veterans, who have a severe mental illness or substance use issue, and who are living with HIV/AIDS are all higher than in the general U.S. population.

Although the PIT count is a valuable resource and the best existing method for estimating homelessness, it has obvious limitations. First, not every single individual is counted or reported; the street count involves walking or driving down every street in a participating area, so an individual may be somewhere unseen such as in an alley, or may be mistaken as not being homeless. Second, the PIT represents the number of individuals experiencing homelessness on one night of the year—a January night—and so does not factor in any seasonal variation or annualization of the estimate. Actual rates of homelessness are very likely higher, a noteworthy consideration when determining the capacity for service delivery. For instance, analysis of shelter stays and 2007 PIT homeless counts for the six-county Chicago region revealed that annual estimates of homelessness were 7.8 times higher than the one night PIT counts.[314] Applying this factor to all of Illinois, this would mean that in 2009, approximately 109,600 individuals in Illinois experienced homelessness during the course of the year.

Doubled up individuals: 241,093 individuals living with friends or family due to economic need

There is a growing trend of households residing with family or friends, often rent free, for economic reasons.[315] Living doubled up is typically intended as a temporary solution for at-risk families whose only other option is homelessness.

Living doubled up does not meet the federal definition for homelessness, which requires that a household must be on the streets or in shelters, leaving many of those in need hidden from public view and isolated from service providers.[316] Nearly 75 percent of the doubled-up population is living below the poverty line,[317] and the estimated odds of experiencing "official" homelessness over the course of a year for a doubled up person are 1 in 10. Thirty percent of all emergency shelter users and 43 percent of sheltered adult family members enter shelter from a doubled up situation.[318]

Early in 2011, the National Alliance to End Homelessness released a report on the state of homelessness, using data from several national organizations. They found that across Illinois, 241,093 people are living doubled up with friends or family due to economic need, an increase of nearly 15 percent from 2008 to 2009.[319]

Extreme rent-burdened households: 361,964 low-income households paying over half their income on rent

The U.S. Department of Housing and Urban Development recommends that households spend no more than 30 percent of their income on housing, including utilities and related expenses. Those that spend more than 30 percent of their income on rent are considered rent burdened. When more than this amount is spent on housing, households may be forced to sacrifice quality food, clothing, medication, and safe transportation, all of which have emotional and physical effects which may result in greater use of public health and emergency services.

A subset of rent-burdened households are spending *half* their income or more on housing costs, which is referred to as extreme rent burden. With the remainder of the household budget tightly allocated to basic necessities, these households are often one seemingly small event away from homelessness.

The estimate of extremely rent burdened households was determined using 2009 American Community Survey Public Use Microdata to calculate the number of low-income renter households for whom housing costs equal half or more of the total household income. In Illinois, 361,964 low-income renter households spend more than 50 percent of their income on housing.[320] Of all low-income renters, 45 percent are extremely rent burdened.[321] Nearly all extremely rent-burdened households in Illinois are low income (95 percent).[322]

Low-income and disabled (physical or mental): 184,393 individuals ages 18 and over receiving Supplemental Security Income

Individuals with disabilities face tremendous barriers to economic self-sufficiency and consequently housing stability. Mental and physical difficulties present challenges to working enough to afford housing. As a result, many individuals with disabilities rely on SSI, and Social Security Disability Insurance (SSDI) payments to make ends meet. SSDI payments are generally received by individuals

with higher incomes since payments are based on taxes paid toward Social Security during an individual's working past. SSI payments, on the other hand, are based solely on financial need, and so SSI receipt is a good indicator that a person's income is extremely low and that their disabilities are severe enough for the government to not expect them to be able to work.

The dual situation of low incomes and severe disabilities leaves individuals with disabilities receiving SSI highly vulnerable to homelessness:

- Poverty is a well documented risk factor for homelessness: one in 25 people in poverty will experience homelessness.[323]
- Disabilities are 2.5 times more common among homeless adults than the general population.[324]
- A person receiving SSI alone cannot even afford a 1-bedroom apartment at the fair market rent of $784 in Illinois, leaving them incredibly vulnerable to homelessness without further assistance.[325]

Adequate income is essential to access housing, and the reality is that SSI is not sufficient to live on without other forms of housing assistance and supports.

Defining need in this way—as receiving SSI—represents a rather conservative way to estimate need among people with low incomes and disabilities. The SSI application process is complicated and difficult to follow and is particularly daunting for those with cognitive impairments. Often those who are eligible do not know where or how to apply, do not complete the application, or complete it incorrectly. The system is also fraught with excessively long wait times—often over a year—and the rejection rate for first-time applicants is high at about 63 percent.[326] Even worse, the approval rate for homeless individuals with a disability who do not receive assistance completing their applications is a mere 10 to 15 percent, compared to 37 percent approval for all first time applicants.[327] Ultimately, there are far more low-income Illinoisans with disabilities in need of housing and homeless services than the number receiving SSI suggests.

Even with this limited definition of need, in Illinois there were 184,393 adults receiving SSI in 2009 who are likely to benefit from housing services.[328] The 2009 American Community Survey Public Use Microdata provides a direct estimate of individuals receiving SSI. The average annual SSI payment was $9,266 in Illinois in 2010, 86 percent of the federal poverty level for one person.[329]

Unaccompanied youth experiencing homelessness: 4,102 youth ages 21 and under experiencing homelessness without a parent or guardian on a given night

Youth experiencing homelessness are defined as adolescents and children ages 21 and under who meet the federal definition of homelessness and lack guardianship or institutional care. Conflict with parents is often cited as the reason adolescents leave the home or are thrown out, commonly spurred by physical or sexual abuse from a family member.[330] Homelessness among youth may also result when a homeless family becomes separated or when a youth leaves the foster care system.

Since their age, low education, and limited experience make finding a job difficult, youth experiencing homelessness commonly turn to high-risk activities like theft, prostitution, and drug-dealing for survival.[331] Consequently, homeless youth are highly vulnerable to sexual assault, physical danger, and violence.[332] Rates of depression, drug use, pregnancy, HIV, and involvement in the juvenile justice system are all higher among homeless youth. This is a population in great need of supportive interventions that will help them transition to independence.

The Survey Research Laboratory at the University of Illinois at Chicago conducted an investigation of the need for homeless services among unaccompanied youth. They estimated that in 2004, there were 4,102 unaccompanied youth experiencing homelessness in Illinois on any given night, with 24,968 experiencing homelessness at some point during the year.[333] Because youth experiencing homelessness commonly stay with friends or move frequently from house to house rather than staying in shelters or on the street, their presence tends to be underestimated. This number was calculated based on surveys of service providers of youth experiencing homelessness and so likely underestimates true need.

Schoolchildren experiencing homelessness: 33,367 children age 3 through grade 12 experiencing homelessness and enrolled in schools

Schoolchildren experiencing homelessness have extremely poor academic and developmental outcomes compared to their peers. They lack the structure and routine of having a permanent home and experience events that can be traumatic and disruptive:[334]

- Nearly all children experiencing homelessness (97 percent) have moved within a single year.
- 22 percent of children experiencing homelessness experience separation from their families.
- Despite state and federal laws designed to assist homeless students, only 25 percent graduate from high school.

The National Center for Homeless Education collects annual data on homeless students from Local Educational Agencies (LEAs). During the 2009-2010 school year, LEAs reported 33,367 schoolchildren experiencing homelessness from age 3 through grade 12, enrolled in Illinois public schools.[335] This number includes children living with a parent or guardian, unaccompanied youth who are still attending school, and children who are members of migratory families.

Realities and Trends Impacting Need for Housing and Homeless Services

That so many households are at risk of homelessness is the result of a complex combination of factors.

From 2008 to 2009 unemployment increased by 56 percent in Illinois, and by January 2010 reached an overall rate of 11.2 percent.[336] As of September 2011, unemployment had returned to 10.0 percent in Illinois, but economic recovery remains out of reach for many still looking for work: nationwide there are five unemployed workers for every open position.[337] People who are unemployed are more likely to drain their savings, miss rent payments, and face eviction.

The situation is only slightly better for the employed. Over several years, higher-paying blue collar jobs have been replaced by low-wage service jobs.[338] Despite substantial increases in minimum wage in recent years, it remains insufficient to live on: affordable housing for a full-time minimum wage worker would cost no more than $429, which is lower than the fair market rent for even a one-bedroom apartment in every county in Illinois.[339] In reality, the average fair market rent for a two bedroom apartment in Illinois is $904.[340] In order to afford that cost without rent burden, a household supported by a single individual would need to earn $17.38 per hour. Even the mean renter wage in Illinois of $13.44 can only support housing at $644.[341] The wage gap is most staggering for households below the poverty line: working individuals living below the poverty line in Illinois in 2009 earned on average $9,338 annually, down 4.1 percent from 2008.[342] A single

individual with that income would need to find housing at $233 per month (including utilities) in order to avoid rent burden.

Yet as wages decline, the increasing number of low-income workers must compete for a decreasing supply of affordable housing. Prior to the recession, many affordable housing units were demolished or converted to higher income developments. Plans to replenish the low income housing stock are not promising: the Low Income Housing Tax Credit (LIHTC), which has financed 9 out of 10 low income apartments in Illinois since 1986, has suffered decreased revenue and therefore decreased output during the time of greatest need.[343] Furthermore, higher-income renters occupy 42 percent of all units affordable to renters at or below 50 percent of the poverty level, leaving even fewer options for those most in need.[344]

The rise in poverty contributes to affordability issues as well. From 1999 to 2010, the poverty rate in Illinois rose from 10.7 to 13.8 percent.[345] Households in poverty constantly face heightened threats to housing stability. These households are much more likely to experience extreme rent burden, an estimated 72 percent spending 50 percent or more of their income on rent.[346] They also make up approximately three quarters of the doubled up population, the remaining 25 percent living between 100-125 percent of the poverty level.[347] Additionally, poverty rates are highest among African Americans (29.9 percent), Hispanics (20.1 percent), and families with children (19.4 percent), all populations already without equal opportunity and vulnerable to discrimination in the housing market.[348]

From 2008 to 2009, during the height of the recession, Illinois experienced a 32 percent increase in foreclosures, 11 percent higher than the national average.[349] In August 2011, only three states had higher foreclosure rates than Illinois.[350] In recent years, foreclosures have increased most in low-income and minority neighborhoods.[351] While rental units account for about 1 in 5 foreclosures and 40 percent of families facing eviction due to foreclosures are living in rental units,[352] homelessness is more likely among renters living in foreclosed properties than for homeowners.[353] Yet while homelessness due to foreclosure is overall not very common, displaced households are more vulnerable and may have fewer future housing opportunities.[354] A high concentration of foreclosures in low-income areas can also lead to neighborhood deterioration, a costly outcome for the whole community.

Due to innovative, federally-funded approaches focused on preventing homelessness and quickly and appropriately re-housing those who do become homeless, homelessness was prevented for many Illinoisans through the recession. This was due to the American Reinvestment and Recovery Act's Homelessness Prevention and Rapid Re-Housing Program (HPRP), which allocated over $70 million to Illinois in 2009.[355] Now that those funds are gone, there is a projected national increase in homelessness over the next three years, due to the recession and continued economic downturn, is 5 percent.[356]

Senior Services

Importance of Senior Services

The changing needs and capacities that come with age result in an older adult population greatly varied in their levels of physical and cognitive abilities. Many are able to get by quite well on their own, while others need minimal to intense services. Without needed support, aging individuals can prematurely end up in institutional care. Institutional care is costly and often isolates seniors from their communities, and challenges notions of independence, pride, and dignity.

Home and community-based care options are focused on enabling seniors to age in place, meaning in their current home or neighborhood, for as long as is possible and safe. Most individuals feel highly attached to their home and neighborhood, yet as ability levels decrease with age, older adults risk isolation in their homes. Senior services can fill the gap between an individual's abilities and the demands of functioning in the community, ultimately reducing the need for institutionalization. This benefits older adults in many ways, and has positive effects on communities and the economy:

- Stroke victims who participated in a coordinated care program for seniors had more outpatient hospital visits and higher medical adherence over one year, as well as fewer emergency room and inpatient visits.[357]
- Availability and accessibility of home and community-based services lowers the risk of nursing home placement among older, unmarried women.[358]
- Medicaid spending for community-based elderly care costs on average 4 to 5 times less per capita than institutional care, according to research from the U.S. Department of Health and Human Services.[359]
- Utilizing home health aides in place of hospitalization has repeatedly resulted in cost savings: one study reported 50 percent savings, while a savings of $1,000 per individual was found in another.[360]

Need for Senior Services

With many in the "baby boom" generation planning to retire soon, services for the aging are now more important than ever before. Illinois experienced a 15 percent growth in the 45 to 54 year old age group and 41 percent growth in the 55 to 64 year old age group over the course of just the last decade (2000 to 2010).[361] Conversely, there was virtually no change (a 4 percent decrease) in the 44 year old and under cohort in Illinois over the same timeframe.[362] Based on numbers alone, the need for aging services is already great, and rising.

Summary: Method and Rationale

The need for senior services is determined by calculating the number of Illinoisans age 65 and over with family incomes below 200 percent of the federal poverty threshold.[363] Low-income seniors face many physical, social, mental, and economic challenges which are common to most aging individuals. However, for people with low incomes, issues associated with aging are compounded by financial issues, which often means living on a fixed income in the face of deteriorating health and heightened service needs.

Summary: Results

Table 6 identifies the number of low-income older adults needing senior services.

Table 6: Population Needing Senior Services

Population	Number of Individuals in Illinois in Need
Low-income seniors	461,449 low-income individuals ages 65 and over

Detail: Method, Rationale, and Results

Low-income Illinois seniors: 461,449 low-income individuals ages 65 and over

Low-income seniors face many physical, social, mental, and economic challenges which are common to most aging individuals. However, for people with low incomes, issues associated with aging are compounded by financial issues, which often means living on a fixed income in the face of deteriorating health and heightened service needs. Social Security is the primary means of support for many seniors, leaving them particularly vulnerable to rising prices on every day necessities such as food and housing.

Assistance that eases the financial burden of the cost of basic goods and services (for example, food, pharmaceutical, and housing assistance) helps ensure that seniors do not have to make untenable tradeoffs to meet their basic needs, which ultimately helps avoid the serious personal and public health implications that can place a drain on public resources like health care.

Furthermore, many aspects of aging may be too difficult to tackle alone, and often monetary assistance must be directed toward the costs of needed personal services (such as housekeeping, transportation, and meal preparation). Older adults have the right to live and age with dignity, and therefore need assistance that can make that possible. Community care programs can ensure that low-income adults are able to partake in services which they otherwise could not afford. These services would affect the 461,449 Illinoisans ages 65 and over living below 200 percent of the federal poverty line, determined by the 2010 American Community Survey 1-year estimates program.[364] 129,888 of these seniors have incomes below the poverty threshold (below 100% FPL) indicating they have even fewer resources at their disposal. 205,257 are in the age range of 65 to 74, while 256,192 are age 75 and above, an important distinction since need for care and support generally increases with age.

Realities and Trends Affecting the Need for Senior Services

Nationally, older women are less likely than men to be married (42 percent compared to 72 percent of men), and 42 percent are widowed.[365] The population of senior women in Illinois, at 932,297 (58 percent), outnumbers senior men, at 676,916.[366] Among non-institutionalized seniors in Illinois, 39 percent of women live alone, compared to 19 percent of men. Those rates rise with age, especially for women: 49 percent of women 75 and over live alone.[367] Additionally, senior women have a lower average annual income of $15,282 (compared to $25,877 for men).[368] All told, this suggests that a large portion of older adults are living alone, many for the first time without a spouse, and with a heavily reduced income. This population is vulnerable not only because of increasing costs on a low fixed income, but because of their isolation within the home. As the population of seniors increases, this will be a growing issue.

Few American communities have the infrastructure to support aging adults on such a large scale, primarily because they were not designed with seniors in mind. While older communities may be more compact, making necessary commerce easy to get to, they are often deteriorating and out of date, lacking what older adults need to perform daily tasks.[369] Public buildings as well as homes may not have incorporated modern accessible design, such as ramps, wider electric doorways, and adequate benches or seating to provide rest. Nationwide half of adults over 65 live in houses 40 years old or more.[370] Newer suburban communities, on the other hand, are designed with young families in mind. Housing is located far from commercial areas and there is little to no public transportation. Though these issues may seem typical or present no immediate problems, they are barriers to the independence of older adults. An aging population can only accomplish as much as the community allows, and without infrastructure to support their needs, older adults will require other services to fill that gap. In Illinois, there is a particular lack of supportive and accessible housing in urban and rural areas.[371]

Ethnic minority populations are expected to comprise 23.6 percent of the older adult population by 2020, up from 20.1 percent in 2010 and 16.3 percent in 2000; this is a 114 to 202 percent increase (depending on the group) from 2010 to 2020, while whites are projected to increase by only 58 percent.[372] Older minority groups are at higher risk for a range of vulnerabilities that will put them in greater need of services. Namely, African Americans and Hispanics have lower average annual incomes than Whites and Asian Americans, African Americans and Native Americans are less likely to report being in good or excellent health, and all ethnic minority groups have lower rates of high school completion than Whites.[373]

The Great Recession resulted in the erosion of wealth for the typical household. White households experienced a 16 percent decline in median net worth, while Latino and Black households experienced far greater declines, 66 percent and 53 percent, respectively.[374] This erosion of wealth has implications for human services; as Illinoisans age and exit the workforce, they have fewer resources to draw on than in the past, needing human service support sooner than they may have before.

Substance Use Disorder Services

Importance of Substance Use Disorder Services

Substance use treatment is comprised of a range of services that provide evaluation, diagnosis, treatment, and rehabilitation for people who abuse alcohol or other drugs. An individual's current substance use situation may range from contemplation to severe dependence. Therefore, a quality care network provides a range of treatment levels including early intervention, outpatient care, residential care, detoxification, case management, and sober living facilities, which are able to address highly individualized care plans.

The substance use service system is heavily reliant on government funding, as individuals in need are not likely able to afford costly private treatment services. This should not be seen as a cost burden. Investing in substance use treatment has been shown to save money down the road through giving people in recovery the tools needed to work, thus stimulating local economies, as well as cutting criminal and court costs:

- Evidence-based substance use and mental health treatment can generate an estimated cost savings of $3.77 for every dollar invested.[375]
- One study found that an addiction treatment group was less likely than a control group to have emergency room visits. Inpatient, emergency room, and total medical costs declined by 35 percent, 39 percent, and 26 percent, respectively.[376]
- It is estimated that California gained $7 to $9 for every dollar invested in addiction treatment,[377] and that substance abuse treatment in Washington on average paid for itself within one year after treatment.[378]
- If all inmates with substance disorders received comprehensive prison-based substance use treatment and aftercare, and even just 11 percent remained substance and crime free and employed long-term, the investment in treatment would pay for itself in a year.[379]

Substance use is a community-level issue which is closely related to multiple other social problems. Substance use services are a responsible investment that can improve the quality of life for all who even tangentially experience the negative effects of substance use.

Need for Substance Use Disorder Services

Summary: Method and Rationale

The need for substance use disorder services in Illinois is determined in two ways:

1. For age groups
    a. *Calculating the number of Illinoisans in each age category:*[380] Estimates are calculated for adolescents ages 12 to 17 and adults ages 18 and over. Dynamics of substance use, including substances used, life impacts, and treatment differ by age.
    b. *Adding a filter of low income, below 200 percent of the federal poverty threshold:*[381] Though substance use disorders are challenging for anyone, it can be an uneven struggle for those on unstable financial ground. Substance use disorders are prolonged by obstacles such as inability to afford treatment, uninsurance, and job loss which only

exacerbates already great financial strain; for low-income individuals it may seem like there is no way out. Additionally, low income is an important defining variable not only because individuals with low income are at greater risk for a substance use disorder,[382] but because private services are less readily affordable for this population.

c. *Multiplying the number of people with low incomes in each age group by the appropriate prevalence rate for substance use disorders:*[383] A substance use disorder refers to Substance Abuse or Substance Dependence as outlined in the Diagnostic and Statistical Manual of Mental Disorders IV-TR. Though substance use services apply to both substance use and abuse, substance use alone is not included in this estimate of need because, while it may be illegal and/or harmful, it does not necessarily interfere with an individual's daily functioning or social and economic well-being, and therefore does not equate to great treatment need.

2. For inmates
   a. *Determining the number of inmates in Illinois prisons.*[384]
   b. *Multiplying the number of inmates by the prevalence rate for substance use disorders in prisons:*[385] Substance-involved inmates are less likely to have completed high school or be employed compared to the non-substance-involved inmate population, meaning their prospects for successful re-entry are lower.[386] Inmates who are substance-involved also have higher rates of recidivism, suggesting that this group returns to substance use and crime for lack of other opportunities.

Summary: Results

Table 7 outlines populations in Illinois that would benefit from substance use disorder services.

Table 7: Populations Needing Substance Use Disorder Services

Population	Number of Individuals in Illinois in Need
Low-income adults with a substance use disorder	251,266 low-income individuals ages 18 and over with a substance use disorder
Low-income adolescents with a substance use disorder	29,719 low-income individuals ages 12 to 17 with a substance use disorder
Dually diagnosed adults with low incomes	108,044 low-income individuals ages 18 and over diagnosed with co-occurring substance use disorder and mental illness
Inmates with a substance use disorder	29,604 inmates in Illinois prisons

Detail: Method, Rationale, and Results

Low-income adults with a substance use disorder: 251,266 low-income individuals ages 18 and over with a substance use disorder

Substance abuse is characterized by continued risky use of a substance despite recurrent negative outcomes, such as legal involvement, relationship troubles, or failure to fulfill major obligations.[387] Episodes of substance abuse may be dangerous and certainly interfere with an individual's life, but they are not continuous. When not abusing the drug, an individual can typically function as usual.

Substance dependence is the more severe disorder. It is a physical adaptation to and reliance on a substance as a result of heavy and prolonged use. Individuals with substance dependence have

developed a tolerance to the drug; increasing use has decreasing effects on the person, and in fact the person needs the drug in order to function.[388] Generally the acquisition or use of the substance takes up most of the user's time and other activities are (voluntarily or involuntarily) given up. The person may have an earnest desire to discontinue use, but any attempts to do so result in severe physical symptoms, such as nausea, anxiety, tremors, vomiting, and possibly death in severe alcohol cases.[389] Substance use often continues solely for the purpose of avoiding these symptoms.

People living in or near poverty are at greater risk for developing substance use disorders.[390] Substance use is more common among low-income households,[391] possibly because low-income populations may receive poorer or fewer preventive services and have fewer positive opportunities available which detract from drug use (like after school programs and sufficient jobs).[392] In areas of concentrated low-income, substance use may be a more visible and normative option. What's more, low-income individuals often lack the economic and social resources necessary to combat substance use disorders once they have already become prevalent; access and cost have been identified as barriers to receiving alcohol and illicit drug treatment.[393]

An estimated 19.8 percent of individuals ages 18 to 25 and 7.0 percent of individuals age 26 and over have a substance use disorder in a given year, according to the Substance Use and Mental Health Service Administration's (SAMSHA) most recent National Survey on Drug Use and Health (NSDUH).[394] Applying this rate to the Illinois population estimates from the 2009 American Community Survey Public Use Microdata, there are 251,266 individuals aged 18 and over living below 200 percent of the federal poverty level potentially in need of services for substance use disorders statewide.[395]

Low-income adolescents with a substance use disorder: 29,719 low-income individuals ages 12 to 17 with a substance use disorder

Three quarters of all high school students have tried alcohol, tobacco, or illicit drugs, and 46 percent are current users (they have used within the past month).[396] Adolescence is a critical period for combating substance use disorders. While not all adolescents who use substances will continue to do so throughout their lives, they do have a greater chance of developing a substance use disorder: 9 out of 10 individuals with a substance use disorder started using cigarettes, alcohol, or illicit drugs before age 18.[397]

Adolescent substance use behaviors are risky and associated with other harmful behaviors. Teens who perceive less risk from binge drinking are more likely to engage in it,[398] and teens who drink may do so less often but more heavily than any other age group (including 18 to 25 year olds).[399] Low perceptions of risk combined with binge drinking can easily lead to feelings of indestructibility and poor decision making. According to a national survey, adolescents who recently engaged in delinquent behaviors such as fighting were more likely to have used illicit drugs in the past month.[400]

The National Survey of Drug Use and Health found that 7.3 percent of individuals ages 12 to 17 have a substance use disorder.[401] Among the low income Illinois population as calculated using the 2010 American Community Survey, there are an estimated 29,719 adolescents with substance use disorders.[402] Given their extremely precarious substance use behaviors, treatment at this impressionable stage of development could easily save lives and prevent a lifetime of costly service needs.

Dually diagnosed adults with low incomes: 108,044 low-income individuals ages 18 and over with co-occurring substance use disorder and mental illness

Mental illness and substance use disorders are highly correlated diagnoses. Adults with mental illness are more likely to report binge drinking, heavy alcohol use, cigarette use, and illicit drug use than non-mentally ill adults.[403] Prevalence of substance use is also related to severity of mental illness, such that severely mentally ill adults report much heavier substance use than mildly mentally ill adults.[404]

The correlation can be attributed to many factors, including a combination of self medication and increasing severity of mental illness due to substance use (or vice versa). Individuals experiencing mental illness may use substances as a form of relief, or initial substance use may lead to signs of mental illness. Many individuals with a mental illness already lack the ability to maintain stable relationships and fully function in society; these issues are then exacerbated by drug use potentially leading to further socioeconomic decline.[405] As a result, individuals with a mental illness are significantly more likely to experience negative effects of substance use, such as domestic and community violence, physical illness, relapse, incarceration, homelessness, suicide attempts, and eventually a substance use disorder, compared to individuals without mental illness who use substances.[406] Pairing this situation with low-income, wherein individuals are already in a precarious financial situation, compounds the risk of negative outcomes. With few assets to fall back on in times of need, paying for treatment for mental illness may not be a viable option.

The rate of substance use disorders among young adults ages 18 to 25 is 19.8 percent according to NSDUH; among adults ages 26 and over, the rate is 7.0 percent.[407] Mental illness among adults ages 18 and over with a substance use disorder occurs at a rate of 43 percent.[408] The number of individuals with a substance use disorder in each age group was calculated separately using 2009 American Community Survey Public Use Microdata and the respective prevalence rates, then the rate of mental illness was applied to those numbers; combining the total from each group results in 108,044 dually diagnosed Illinois adults in need of co-occurring mental illness and substance use treatment.[409]

Inmates with a substance use disorder: 29,604 inmates in Illinois prisons with a substance use disorder

Although arrests on the whole are declining nationwide, the percentage of arrests for drug violations is increasing.[410] Substance-involved inmates are less likely to have completed high school or be employed compared to the non-substance-involved inmate population, meaning their prospects for successful re-entry are lower.[411] Inmates who are substance-involved also have higher rates of recidivism, suggesting that this group returns to substance use and crime for lack of other opportunities.

The need for substance use services in state prisons is dire. These services will help keep offenders from returning to drug-related crime and out of prisons, and vastly impact the substance use disordered population in our state. Only 17 percent of all prison facilities offer substance use treatment services, and even those may not accommodate all prisoners in need in the facility.[412] Without proper treatment and re-entry services, the costly and damaging cycle of drugs and crime will continue.

Substance use disorders are shockingly prevalent among the inmate population, with 65 percent of inmates meeting criteria for substance abuse or dependence according to a national report by the

Center on Addiction and Substance Abuse (CASA) at Columbia University.[413] The Illinois Department of Corrections counted 45,545 inmates in Illinois prisons in 2009 according to their 2010 annual report,[414] 29,604 of whom are potentially in need of substance use services using CASA's prevalence estimate.[415]

Realities and Trends Impacting the Need for Substance Use Disorder Services

The working-age adult population with substance use disorders experienced an unemployment rate of 25 percent nationwide in 2008 (even before the employment situation became worse overall),[416] compared to the September 2011 Illinois unemployment rate of 10.0 percent.[417] This is likely accounted for by the tendency of individuals with substance use disorders to exhibit unfavorable and unstable work behaviors, such as less productivity and greater chance of involvement in workplace accidents.[418] Generally, substance use interferes not so much with a person's ability to get a job, but with their ability to maintain steady employment.[419] Low-income households with unsteady paychecks risk increasing debt, food insecurity, and homelessness. For individuals with a substance use disorder who have a difficult time fulfilling responsibilities, unemployment may contribute to a downward spiral correlating to increased service needs.

Illicit drug use on the whole has increased over the course of this decade from 8.3 percent of the population using within the past month in 2002 to 8.9 percent in 2010.[420] Marijuana use drove this increase rising from 6.2 percent to 6.9 percent. Use of psychotherapeutics in 2010 (2.7 percent) and use of hallucinogens (0.5 percent) were at the same level as in 2002. Only cocaine use declined from 0.9 percent to 0.6 percent in 2010.

The baby boomer generation is both larger and has a higher prevalence of illicit drug users than previous generations.[421] As this generation ages, the rate of illicit drug use and the need for treatment among older adults is on the rise. The rate of drug abuse is particularly high among the 50 to 59 year old age cohort, jumping from 2.7 percent in 2002 to 5.0 percent in 2007;[422] the rate declines with age such that the rate among adults ages 60 to 64 is 4.4 percent, and among those 65 and over is 1.2 percent.[423] Drug abuse concerns for older adults are unique. The consequences of injuries, accidents, or overdose may be more severe due to their physical condition. They may have fewer social supports to recognize and support treatment. Illicit drugs may also negatively react with prescription and over-the-counter drugs commonly used among older adults. Medical drug use reveals another interesting trend: although marijuana use is the most commonly abused illicit drug across most age groups, the most commonly abused drug among adults 65 and older is medical prescriptions.[424]

Actually, in Illinois and the nation prescription drug abuse is a rising concern across all age groups. Hospitals saw a staggering 98.4 percent increase in emergency department admissions due to nonmedical prescription drug use from 2004-2009, while the admittance rate for all substance-misuse related incidents increased 81 percent (largely accounted for by the numbers of pharmaceutical-related incidents).[425] The cohort with the highest rate of prescription drug abusers is 18 to 25 year olds, followed by 26 year olds and over.[426] The reason for this trend is uncertain. The number of teens who perceive risk from taking prescription drugs non-medically has remained stable between 40 to 50 percent and the perceived accessibility of prescription drugs had decreased in 2010; however, rates of perceived risk among adults are unknown.[427] It is possible that individuals perceive prescription drugs as less conspicuous and/or do not fully realize the effects of abusing these more "acceptable" drugs.

The average age of first substance use is surprisingly low: among teens that drink, the average age of first alcohol use is 14 years old.[428] A full 25 percent of teens who drink have done so by age 12, and 62

percent by age 15.[429] Among individuals ages 12 to 49, the average age of first time use of illicit drugs nationwide has remained in the late teens, dropping from 18.8 in 2008 to 17.6 in 2009, then rising again to 19.1 years in 2010.[430] The most common illicit drug of first use is marijuana followed by prescription painkillers.[431] It has been proposed that alcohol use has become more normalized among teens,[432] and this may be the case with marijuana as well. But the consequences are more severe than teens and parents may realize: early onset of drug use leads to greater chances of developing a substance use disorder. Among adults 18 and over, age of first alcohol use was inversely related to rates of alcohol abuse or dependence, and age of first marijuana use was inversely related to rates of illicit drug abuse or dependence.[433] As long as adolescents are beginning substance use at a young age, treatment need for substance use disorders will remain high.

The trend toward lower age at first use may be due in part to nationwide cuts to drug use prevention programs. Illinois is no exception: state expenditures for school and community substance abuse prevention programs have steadily decreased from 2007 to 2010, despite successes increasing drug resistance skills, perceptions that substance use is harmful, and drug knowledge; delaying alcohol use and intended alcohol use; and decreasing perceptions that both peers and adults are using drugs.[434] This is particularly harmful to adolescents. School-based prevention programs have been found highly effective in delaying and preventing onset of use.[435] Without them, more adolescents are at risk for lifetime problems.[436] Unfortunately, as prevention spending decreases, the need for treatment and treatment expenditures is bound to increase.

Youth Services

Importance of Youth Services

Adolescence is a time of great change, experimentation, and learning. Youth must try new things in order to find who they are, and unfortunately they often make mistakes. Well-established adults may be able to fall back on savings, experience, and resources to buffer against unintended consequences, but many youth do not have this luxury. Whether their families cannot or will not support them, or whether families do their best but it is not quite enough, adverse events in the lives of young adults have far reaching affects in the community.

- It costs between $52,545 and $96,087 on average annually to detain one individual in an Illinois Youth Center (state residential juvenile justice facilities).[437]

- Teenage pregnancy costs Illinois taxpayers an estimated $570.9 million.[438] Unfortunately, the negative outcomes for children of teen mothers account for most of this expense, including health care, child welfare, incarceration, and lost tax revenue.[439]

- An estimated $60 to $228 billion are spent each year in the United States on welfare, lost revenue, unemployment expenditures, and crime prevention as a result of youth dropping out of high school.[440]

That money can be more effectively directed at programs which will minimize negative outcomes and therefore long-term costs associated with at-risk youth. With appropriate supports, youth can progress remarkably:

- Incarcerated youth with mental health issues who participated in a mental health treatment program had rates of recidivism at 42 percent compared to 72 percent among youth with mental health issues who did not participate in any treatment program.[441]

- Females in Illinois who remain in foster care through age 20 are less likely to become pregnant as a teenager than former foster care youth who left the system at age 18 in other states.[442]

- Foster care youth who participated in a homeless prevention program experienced greater housing stability, employment rates, and fewer mental health concerns upon the transition to adulthood than former foster care youth who had received no such preparation.[443]

Youth services suffered some of the most severe budget cuts in FY 2012, including delinquency prevention programs (34 percent reduction from the 2009 expenditures), after school support (54 percent), teen parent services (79 percent), and homeless youth services (28 percent).[444] Without sufficient supports for young people, we can expect to see lasting disparities for years to come.

Need for Youth Services

Summary: Method and Rationale

The need for youth services in Illinois was determined in a number of different ways. In each case, however, no income limits are placed on this population because all of these situations are critical developmental barriers that can have major consequences regardless of family income. All youth

discussed here are considered in need of services because of the potential to influence crucial future outcomes at this stage.

1. *Disengaged youth:*[445] Youth who are not in school, are unemployed, and are not in the labor force are susceptible to negative consequences that may carry over well into adulthood.
2. *Pregnant and parenting teens:*[446] The risk factors and challenges associated with being young and pregnant or parenting warrant special attention for human services.
3. *Incarcerated youth:*[447] The vast majority of incarcerated youth will be released to the community and it is in their best interest, as well as the interest of society, to focus on reintegration and reform.
4. *Youth transitioning out of foster care:* [448] Foster care youth have a high risk of homelessness, unemployment,[449] greater health care needs, uninsurance,[450] and unintended pregnancy upon transitioning to independence.[451]

Summary: Results

Table 8 outlines populations in Illinois that would benefit from youth services.

Table 8: Populations Needing Youth Services

Population	Number of Individuals in Illinois in Need
Disengaged youth	59,047 individuals ages 16 to 19 who are not in school and are unemployed or not in the labor force
Pregnant and parenting teens	30,040 ages 15 to 19 are pregnant 15,950 ages 20 or under are parenting
Incarcerated youth	1,391 individuals ages 13 to 21 in Illinois Youth Centers
Youth transitioning out of foster care	1,234 individuals who age out of the foster care system yearly

Detail: Method, Rationale, and Results

Disengaged youth: 59,047 individuals ages 16 to 19 who are not in school and are unemployed or not in the labor force

In the United States, approximately 1,000 schools fail to graduate half of their students each year.[452] Poverty is the strongest correlate to a school's power to graduate their students, and weakly performing schools are often concentrated in low-income areas.[453] High school drop-out rates are influenced by many individual, societal, and environmental factors. Risk factors associated with dropping out include poor performance, weak engagement (as indicated by absenteeism and frequent discipline), parental socioeconomic status, low income, teen pregnancy,[454] and minority status.[455]

While no one individual factor can be blamed for this phenomenon, it is clear that some factors, such as minority status and parental socioeconomic status, are beyond teens' control; and others, such as weak engagement and teen pregnancy, may be attributed to individual characteristics as well as failure on the part of the education system. In fact, drop-out in many circles is known as push-out, acknowledging the role of multiple parties in this outcome.[456] Unfortunately, young adults are the ones who suffer the consequences. Individuals who drop out of high school:

- Have a higher likelihood of unemployment and lower lifetime earnings than high school graduates.[457]
- Are more likely to engage in criminal activity (among males)[458] and 47 times more likely to be incarcerated than college graduates.[459]
- Are more likely to be dependent on government programs.[460]
- Are more likely to have health problems in adulthood.[461]

According to the 2010 American Community Survey, there are 59,047 youth ages 16 to 19 in Illinois who are not in school and are unemployed or not in the labor force.[462]

Pregnant and parenting teens: 30,040 women ages 15 to 19 who are pregnant and 15,950 individuals under the age of 20 living with their child in the household

By their 19th birthday, 7 in 10 teens have had sex, occurring for the first time on average at age 17.[463] Though variation exists across groups and geographies, this statistic is inclusive of all youth in the nation. Whether a teen practices safe sex, their likelihood of becoming pregnant or involved in a pregnancy, and how they manage parenthood are tied to their education and knowledge of sexual health as well as their access to health care.

Pregnant teens*: 30,040 women ages 15 to 19 who are pregnant.* In Illinois in 2005, 67 out of every 1,000 women ages 15 to 19, according to data from the Guttmacher Institute.[464] (Birth rates are lower: 39 out of every 1,000 women ages 15 to 19 gave birth in 2005). Applying these rates to the 2010 Illinois population, an estimated 30,040 women ages 15 to 19.[465] Prenatal health care is a major concern among this group of women. Teen pregnancy poses many significant health risks for the infant, including low birth weight, pre-term birth, and infant mortality,[466] and giving birth before the age of 17 increases the odds of medical complications occurring.[467] Pregnant teens may not be as knowledgeable about caring for their prenatal health, including how to find a doctor, proper nutrition, and avoiding risk behaviors. They express frustration with understanding doctors' orders, but not having the resources to comply.[468]

Parenting teens: *15,950 individuals under age 20 living with their child in the household.* The estimate of teen parents was determined by the number of individuals under age 20 living in the same household as their child according to 2009 American Community Survey Public Use Microdata. The majority of teen parents living with their children (13,448) are female.[469] This responsibility is a huge burden and a barrier to the mother's success in other areas. Teen mothers are more likely to drop out of high school, and only 66 percent receive a GED or diploma by age 22, compared to 94 percent of women who were not teen mothers.[470] The majority (80 percent) of teen births occur to unmarried mothers,[471] so with a low earning potential and no other household income, poverty is a common reality for teen mothers and their children.[472]

There are also 2,502 teen fathers living with their children in Illinois, who may or may not be parenting alongside the child's mother.[473] The presence of the father is significant and may buffer many future effects of poverty, school problems, crime, and teen pregnancy among children of teen parents. The extent to which fathers are involved with the care of their child varies depending on involvement of the teen's own father, his self-image, and his role expectations.[474]

Difficulties providing parental support reported by teen fathers include limited income, a lack of parenting experience, and abandonment by their own parents.[475] These men experience many of the same outcomes as teen mothers: among one sample of teen fathers, 69 percent had dropped out of high school, 78 percent were not in school, and 26 percent were unemployed.[476] A staggering 93 percent report the need for assistance finding a job, which is obviously crucial in providing for their child.[477]

Perhaps most concerning, teen parenthood puts in place a cycle of social injustice for the child. Children of teen parents are at heightened risk of growing up in poverty, living in a single-parent household, experiencing abuse and neglect, becoming involved with the child welfare system, not finishing high school, being incarcerated among males, and becoming teen parents themselves (among females).[478] Parenting teens are also at high risk for depression,[479] which could hinder their relationship with the child and their capacity to be an attentive parent.

Incarcerated youth: 1,391 individuals ages 13 to 21 in Illinois Youth Centers

Youth enter correctional facilities with a host of concerns. Many have been exposed to trauma, about half have at least two mental disorders, about one in ten have both mental illness and a substance use disorder,[480] and confirmed reports of child abuse and neglect increased 10 percent from 2003 to 2008.[481] These circumstances and many others interact individually, situationally, and environmentally to determine a young adult's risk of offending. Incarceration for youth is an opportunity to address these issues and provide services and support to individuals whose struggles have been overlooked in the past.

According to a 2008 report, 47 percent of youth held in the Illinois juvenile justice system were accused of nonviolent crimes, such as theft, drug use, or intoxication.[482] While these crimes should certainly be taken seriously, hard research has proven that adolescents do not have a fully developed brain capacity to understand long-term consequences or control their impulses.[483] It is very likely that many youth will outgrow their delinquent behavior, but they can only choose a pathway to success if the opportunities are made available. Reintegration and reform are very realistic options for youth, but ignoring their needs will only set them up for a cycle of crime and recidivism with no way out.

This is an issue of individual justice as well as public safety. Most youth in the juvenile justice system are released on parole, which means they will be returning to Illinois communities. In fiscal year 2007 in Illinois, the recidivism rate for youth who had been released in the past three years was 55 percent.[484]

Illinois Youth Centers are detainment facilities for youth who have been imprisoned by the Illinois Department of Juvenile Justice. There are eight youth centers in the state serving various populations by sex and level of security risk. Some facilities provide education, employment training, counseling, and other programs. The Illinois Department of Corrections provides information on seven of the eight Illinois Youth Centers. According to their website, approximately 1,391 youth are in Illinois Youth Centers on any given day,[485] which we may assume amounts to a far greater number of incarcerated youth in need of support per year.

Youth transitioning out of foster care: 1,234 individuals who age out of the foster care system yearly

Foster care becomes a resource when a home is found unsuitable to raise a child for any number of reasons, such as parental drug use, violence in the home, a mentally incapable parent, or dangerous and/or unsanitary living quarters. As such, most children in foster care have presumably already gone through adverse life experiences which can be difficult to break away from. Studies of foster youth consistently show greater likelihood of substance use disorders,[486] special education needs,[487] low educational attainment, and incarceration,[488] which strongly suggest the lasting impact of these experiences.

While foster care can be a much more positive alternative to other more harmful living situations, and many foster parents provide nurturing environments, the nature of foster care is often confusing, transitory, and disconnected. Youth in foster care may lose touch with valuable supports, miss out on opportunities to become socially proficient, lose interest in school, and slip through the cracks without preparing for independent life. Because of these gaps, foster care youth have a high risk of homelessness, unemployment,[489] greater health care needs, uninsurance,[490] and unintended pregnancy upon transitioning to independence.[491]

Youth in foster care need support that provides tangible security both before and after their transition. While 76 percent of foster youth report receiving "life skills training", only 44 percent received help obtaining a driver's license and 11 percent received help obtaining health insurance or public assistance.[492] The 60 percent Medicaid eligibility among former foster youth attests to the great vulnerability among this population, and yet only half the eligible amount are actually enrolled.

According to data from the Annie E. Casey Foundation, 5,876 children exited foster care in Illinois in 2009,[493] 21 percent of these youth exited because they reached the age of emancipation (the two other most common exit reasons were reunification with the family and adoption).[494] Applying 21 percent of 5,876, approximately 1,234 youth are vulnerable to the consequences of aging out of foster care annually in Illinois.

Realities and Trends Affecting the Need for Youth Services

The staggering unemployment rate of 24.4 percent among youth in Illinois has been mentioned, and the effects of this trend on poverty and low-income rates are clear. However there are more initially unseen costs of unemployment on the social development of young adults. There is much evidence that working too much as a teenager, especially as a teenager in school, has negative effects on school achievement and social relationships.[495] However, working a modest amount of no more than 20 hours (or more throughout the summer) improves chances of being employed and earning higher wages after high school.[496] Employment gives young adults an opportunity to learn responsibility, social networking, and relating to adults that will assist them in upward career movement later in their lives.[497] Without these experiences, and with competition for jobs so high among youth, young adults may not be able to move above minimum-wage work throughout their lifetimes.

Nationwide, 60 percent youth in custody were substance-involved at the time of their arrest.[498] In Illinois, 47 percent of youth are in custody for non-violent crimes, with one third rated as low risk to reoffend.[499] Highly punitive methods of reform, including incarceration, without providing services around habilitation do not affectively change behaviors of non-violent youth drug offenders.[500] As rates

of marijuana and other illicit drug use increase, the juvenile justice system will be charged with either providing adequate services for the growing number of substance-involved youth in their centers or finding alternative community-based means of reforming these youth.

3,018 students in Illinois were expelled in the 2007-2008 school year.[501] Although this is the lowest rate since the 2004-2005 school year, it represents an 18 percent increase from the 2002-2003 school year and remains higher than the rates from 1998 or 2004.[502] Suspension rates are also at their highest since the 1997-1998 year, at 7,232 per 100,000 students in 2007-2008.[503] Suspended and expelled students are disproportionately Black or Latino, male, and poor.[504] Lost time in school consistently leads to course failure, inability to move up a grade, continued disciplinary problems, and school dropout.[505] Yet less than half of suspended and expelled youth are referred to alternative education programs, so many become disengaged from school altogether, and without adequate preparation, from the workforce as well.[506] Many youth have academic troubles prior to suspension or expulsion, but removing them from the classroom does nothing to address those concerns. The fact that 40 percent of suspended youth are repeat offenders suggests that this type of punishment is doing nothing to reform 'problem students.'[507]

The benefits of obtaining a diploma are clear, but even that does not guarantee a stable future for young adults who choose to go on to work. Teens experienced the greatest reduction in hours worked from 2007 to 2010, with workers in their early 20s also showing high rates of hours loss.[508] Hours worked by 16 year olds fell 40 percent compared to 5 to 11 percent among middle-aged workers, while older workers experienced very little hour loss and often gains.[509] This only accounts for those who can find jobs. As of July 2011, the 12-month average teen unemployment rate in Illinois was 24.4 percent.[510] Without the protective environment of school and with such dismal employment prospects, it is no surprise that poverty, dependence, and crime are more common among this population.

In FY2008, there were 111,890 reported child abuse and neglect cases in Illinois; though this rate has remained fairly steady since FY2005, it is a 15 percent increase from 97,426 cases in FY2003.[511] The rate of indicated cases also increased by 12 percent during that time.[512] Household violence and instability are significantly correlated to delinquency,[513] and child physical and sexual abuse are frequently identified as predictors of depression, anxiety, personality disorders, substance use disorders, and suicide attempts and ideation in young adulthood.[514] Clearly these are very serious outcomes that affect demand on systems of mental health, health care, juvenile justice, and education, as well as youth's prospects for educational attainment, employment, independent living, and healthy relationships.

Over the last few decades, teen births have declined dramatically. The number of teenage Illinois women giving birth in 2009 was the lowest number on record at 16,376, representing 9.6 percent of all births in Illinois.[515] While it may be tempting to de-prioritize services to pregnant and parenting teens in light of this trend, research points out that strong teenage pregnancy prevention messages in combination with public and private efforts focused on educating teenagers on avoiding pregnancy have been instrumental in reversing the phenomenon of high pregnancy and birth rates among teenagers,[516] indicating that scaling back efforts may very well lead to a reversal of trends.

Recommendations and Methods: Data-Driven Planning for Human Services

Recommendations

The chapters of this report have presented starting points for quantifying the need for services in Illinois and understanding trends that will likely impact Illinoisans' need for and ability to access human services. This exercise in estimating need is of critical importance as the state considers how to stay relevant with its human services system in light of the scale and dynamics of need and the realities and trends that influence it. The state should consider implementing the following recommendations:

1. Share this report with all relevant state departments to inform budget planning and eligibility criteria determinations.
2. Use this information to brief and educate relevant legislative committees on need for human services.
3. Charge a department or office to head up this data-driven planning effort.
4. Update estimates of need (using grid below) and the general trends chapter of this report (pages 67-72) annually, well in advance of budget planning.
5. Build off these estimates of need by recreating them then changing variables or assumptions to test various scenarios.
6. Consider conducting needs analysis for other categories of human services not covered in this report.

Methods

The sources and methods used to develop the estimates of need in this report are well documented in each chapter and the endnotes. This summary section can be used as a quick reference for each of the need estimates in the seven human service category chapters. A few general notes on the methods and definitions are warranted:

- Low income refers to family incomes falling below twice the poverty threshold (<200% FPL). Calculating poverty status involves tallying up a family's annual income and determining if the amount falls below the poverty threshold for the family's size.[517] If the annual income does fall below the threshold, then the family and every individual in it is considered to be in poverty. Non-relatives, such as housemates, do not count. The official poverty thresholds do not vary geographically and are updated each year for inflation. Before tax money income is used to compute poverty status, and noncash benefits and capital gains/losses do not count.
- The American Community Survey 1-year estimates program (tabular data) is updated annually, generally in September. It can be accessed in the Census Bureau's data mining tool, American FactFinder, available at http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
- American Community Survey Public Use Microdata is released later than tabular data. It requires specialized skills and software to use. In this report, Public Use Microdata were used when tabular data did not have the filter of low income (e.g., estimating low income older adults with a disability), when age ranges did not completely align (e.g., when calculating pregnant teens ages 15 to 19), and when

estimates required other customization (e.g., when calculating low-income individuals ages 18 to 64 with no high school diploma or GED, who are not in school, not in the labor force, and have no disability)

- Some reports relied on in this report are one time studies but represent the best source of information available. In the future, other reports may released that warrant a shift from the source used here to the timelier source.

Population	Estimate	Source 1	Source 2	Calculation	Notes
Need for Community-Based Mental Health Services					
Low-income youth and children with serious mental illness	74,532 low-income individuals ages 17 and under with serious mental illness	U.S. Department of Health and Human Services, Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General.* Available at http://www.surgeongeneral.gov/library/reports/index.html	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B17024	Determine the number of Illinoisans ages 0 to 17 living in households with annual incomes below 200% FPL from Source 2 and multiply it by the prevalence rate of SMI for children from Source 1.	Source 1 not likely to be updated regularly.
Low-income adults with serious mental illness	104,029 low-income individuals ages 18 to 54 with serious mental illness	U.S. Department of Health and Human Services, Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General.* Available at http://www.surgeongeneral.gov/library/reports/index.html	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B17024	Determine the number of Illinoisans ages 18 to 54 living in households with annual incomes below 200% FPL from Source 2 and multiply it by the prevalence rate of SMI for adults from Source 1.	Source 1 not likely to be updated regularly.
Low-income older adults with serious mental illness	30,511 low-income individuals aged 55 and over with serious mental illness	U.S. Department of Health and Human Services, Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General.* Available at http://www.surgeongeneral.gov/library/reports/index.html	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B17024	Determine the number of Illinoisans ages 55 and over living in households with annual incomes below 200% FPL from Source 2 and multiply it by the prevalence rate of SMI for older adults from Source 1.	Source 1 not likely to be updated regularly.
Need for Disability Services					
Low-income youth with disabilities	58,040 low-income individuals ages 17 and under with disabilities	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B18131		Add together the numbers for "With a disability" for Under .50, Under .50 to .99, 1.00 to 1.49, and 1.50 to 1.99 for Under 5 years and 5 to 17 years.	
Low-income adults with disabilities	296,828 low-income individuals ages 18 to 64 with disabilities	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			

Population	Estimate	Source 1	Source 2	Calculation	Notes
Low-income seniors with disabilities	219,150 low-income individuals ages 65 and over with disabilities	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
Need for Employment Services					
Low-income individuals with barriers to work	118,210 low-income individuals ages 18 to 64 with no high school diploma or GED, who are not in school, not in the labor force, and have no disability	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
Low-income unemployed youth	39,691 are enrolled in schools	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
	49,497 are not enrolled in schools	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
Low-income older adults with barriers to work	6,286 low-income, unemployed individuals ages 55 to 70 with less than a high school diploma	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			

Population	Estimate	Source 1	Source 2	Calculation	Notes
Low-income, unemployed individuals with disabilities	27,208 low-income individuals ages 18 to 65 with any disability	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
Individuals who have spent time in prison	262,201 individuals ages 18 and over with a criminal record	Bonczar, T.P. (2003). *Prevalence of imprisonment in the U.S. population, 1974-2001.* Bureau of Justice Statistics Special Report. Washington, DC: U.S. Department of Justice. Available at http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=836	U.S. Census Bureau's 2010 Census. Table QT-P1	Locate the population estimate for 18 and over in Source 2 and multiply it by the prevalence rate from Source 1.	In between decennial census years, use the most recent American Community Survey 1-year dataset, Table B01001; Source 1 not likely to be updated regularly.
Need for Housing and Homeless Services					
Meeting federal definition of homelessness	14,055 individuals homeless on a given night	National Alliance to End Homelessness. (2011). *State of homelessness in America: A research report on homelessness.* Washington, DC: Author. Available at http://www.endhomelessness.org/content/article/detail/3668		None needed. Locate number for Illinois.	
Doubled up	241,093 low-income individuals living with friends or family due to economic need	National Alliance to End Homelessness. (2011). *State of homelessness in America: A research report on homelessness.* Washington, DC: Author. Available at http://www.endhomelessness.org/content/article/detail/3668		None needed. Locate number for Illinois.	It is unclear if source 1 will be updated regularly.
Extreme rent burdened	361,964 low-income households paying over half their income on rent	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			

Population	Estimate	Source 1	Source 2	Calculation	Notes
Low-income and disabled	184,393 individuals ages 18 and over receiving Supplemental Security Income	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
Unaccompanied homeless youth	4,102 youth ages 21 and under living homeless without a parent or guardian	Johnson, T.P., & Graf, I. (2005). *Unaccompanied homeless youth in Illinois: 2005.* Available at http://cch.issuelab.org/research		None needed. Locate number for Illinois.	Source 1 not likely to be updated regularly.
Homeless schoolchildren	33,367 homeless children enrolled in public schools	U.S. Department of Education. (n.d.). *Consolidated state performance reports.* Available at http://www2.ed.gov/admins/lead/account/consolidated/index.html#sy06-07		None needed. Locate number in most recent Illinois report.	Source 1 updated annually.
Need for Senior Services					
Low-income seniors	461,449 low-income individuals ages 65 and over	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B17024		Add together the numbers for Under .50, Under .50 to .74, .75 to .99, 1.00 to 1.24. 1.25 to 1.49, 1.50 to 1.74, 1.74 to 1.84, 1.85 to 1.99 for 65 to 75 years and 75 years and over.	
Need for Substance Use Services					
Low-income Illinoisans with a substance use disorder	251,266 low-income individuals ages 18 and over with a substance use disorder	Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings* (Office of Applied Studies, NSDUH Series H-41, HHS Publication No. SMA 11-4658). Rockville, MD. Available at http://oas.samhsa.gov/nsduh.htm	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.		Source 1 updated annually.

Population	Estimate	Source 1	Source 2	Calculation	Notes
Low-income adolescents with a substance use disorder	29,719 low-income individuals ages 12 to 17 with a substance use disorder	Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings* (Office of Applied Studies, NSDUH Series H-41, HHS Publication No. SMA 11-4658). Rockville, MD. Available at http://oas.samhsa.gov/nsduh.htm	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B17024	Add together the numbers for Under .50, Under .50 to .74, .75 to .99, 1.00 to 1.24. 1.25 to 1.49, 1.50 to 1.74, 1.74 to 1.84, 1.85 to 1.99 for 12 to 17 years; multiply results by the prevalence rate of substance use disorders for adolescents ages 12 to 17 from Source 1.	
Low-income and dually diagnosed	108,044 low-income individuals ages 18 and over diagnosed with co-occurring substance use disorder and mental illness	Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings* (Office of Applied Studies, NSDUH Series H-41, HHS Publication No. SMA 11-4658). Rockville, MD. Available at http://oas.samhsa.gov/nsduh.htm	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.		
Inmates with a substance use disorder	29,604 inmates in Illinois prisons	The National Center on Addiction and Substance Abuse at Columbia University. (2010). *Behind Bars II: Substance abuse and America's prison population*. New York, NY: Author. Available at http://www.casacolumbia.org/templates/publications_reports.aspx	Illinois Department of Corrections. (2009). Annual Report FY09. Available at http://www.idoc.state.il.us/subsections/reports/annual_report/FY09%20DOC%20Annual%20Rpt.pdf	From Source 2, determine the number of inmates in Illinois prisons on a single day. Multiply this by the prevalence rate for inmates meeting criteria for substance abuse or dependence from Source 1.	Source 1 not likely to be updated regularly.
Need for Youth Services					
Disengaged youth	59,047 individuals ages 16 to 19 who are not in school and are unemployed or not in the labor force	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B14005		Add together the numbers for Male, Not enrolled in school, High school graduate: Unemployed and Not in the Labor Force; Male, Not enrolled in school, Not high school graduate: Unemployed and Not in the Labor Force; Female, Not enrolled in school, High school graduate: Unemployed and Not in the Labor Force; Female, Not enrolled in school, Not high school graduate: Unemployed and Not in the Labor Force.	

Population	Estimate	Source 1	Source 2	Calculation	Notes
Pregnant and parenting teens	30,040 *women ages 15 to 19 who are pregnant*	Guttmacher Institute. (2010). U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity. Available at http://www.guttmacher.org/sections/index.php?page=reports	U.S. Census Bureau's 2010 American Community Survey 1-year estimates program. Table B01001		Microdata used because ACS tabular data does use necessary age breakdown. Source 1 not likely to be updated regularly.
	15,950 *Illinoisans age 20 and younger who are parenting*	U.S. Census Bureau's 2009 American Community Survey Public Use Microdata.			
Incarcerated youth	1,391 individuals ages 13 to 21 in Illinois Youth Centers	Illinois Department of Corrections. (2002). *Institutions*. Available at http://www.idoc.state.il.us/subsections/facilities/instaddress.asp			Data only available on 7 of 8 Illinois Youth Centers. IDOC's website lists each facility and instructs users interested in specific information on any given facility to use a web search engine.
Youth transitioning out of foster care	1,234 individuals emancipated from the foster care system yearly	The Annie E. Casey Foundation. (2011). *Children exiting foster care (Number) – 2009* [Data file]. Available at http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6273	The Annie E. Casey Foundation. (2011). *Children exiting foster care by exit reason (Percent) - 2009* [Data file]. Available at http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6277	From Source 1, determine the number of Illinois children exiting foster care; multiply this figure by the percent of those who left foster care due to emancipation, from Source 2.	

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